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ABSTRACT

This guidebook is designed to assist health workers in the delivery of information and education regarding reproductive health and fertility control to family planning clients. Aspects of services that might be provided by various staff members are suggested. Initially, family planning philosophy from which general operating principles are derived is discussed, followed by a list of resource agencies and a glossary of technical terms. The integration of information and education throughout clinic processes is presented in the second section. The informational/educational components of various types of visits are described from client entry to visit completion. Sample flow charts describing the components are provided for the initial family planning visit, the follow-up revisit, the medical problem visit, the annual visit, and the pregnancy test visit. Finally, the selection and utilization of educational methods and strategies in family planning are considered. Aspects of services that might be provided by various staff members are also suggested. (RC)

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FAMILY PLANNING SERVICES: A GUIDE FOR CLIENT EDUCATION

PREPARED BY

THE LOS ANGELES REGIONAL FAMILY PLANNING COUNCIL, INC

UNDER CONTRACT NO. HSA 240-79-0041 FOR
THE OFFICE FOR FAMILY PLANNING
BUREAU OF COMMUNITY HEALTH SERVICES
HEALTH SERVICES ADMINISTRATION

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Services
Health Services Administration
Bureau of Community Health Services
5600 Fishers Lane
Rockville, Maryland 20857

CG 015613

Dear Project Administrator:

This Guidebook has been developed considering the need for family planning information and education, and the constraints that you experience in managing a health program. We acknowledge that you may currently be struggling with making your program more cost effective, with meeting BCRR criteria and deadlines. and/or with developing procedures to enhance your ability to comply with program guidelines. While this Guidebook will not assist you in your overall management decisions, it will provide you with a framework for implementing an educational plan for clients in need of family planning services.

Staff study of the educational plans included herein may result in minor revisions to make the plans more relevant to your particular agency, staff, and client population. This kind of analysis is encouraged prior to implementation. for we recognize that in making sections of the Guidebook general enough for most agencies, we have not been able to make it specific enough for some agencies. For example, we caution staff about giving pregnancy test results by phone unless confidentiality can be guaranteed, and at the same time, we realize that coming back to the health center for test results may pose problems for clients in isolated rural areas, or clients with transportation problems. We also realize that under some circumstances the initial family planning visit may not be pre-scheduled; therefore, information included within the pre-entry process may need to be provided at the first visit.

We encourage you and your staff to give the Guidebook a thoughtful review and make modifications that will carry out the intent of the guide in a way that is relevant to your own particular agency's needs and characteristics.

Sincerely,

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INTRODUCTION

PURPOSE AND SCOPE OF THE GUIDE

The purpose of the Guidebook is to assist health workers in the delivery of information and education regarding reproductive health and fertility control to family planning clients. The guide can help ensure that informed consent, based on enlightened decision making, is obtained. The ultimate purpose of the guide is to enhance the health worker's ability to provide quality educational services for clients, thereby assisting both men and women in the fulfillment of their full health potential and family planning goals.

The introductory section includes a discussion of family planning philosophy, which serves as a basis for client education and informed consent. General operating principles are derived from the philosophical statements about the nature of family planning services, and are presented to provide the health worker with some food for thought and guidance for ongoing assessment of qualitative aspects of family planning education. A listing of resource agencies is provided, with descriptions of how each agency may be utilized to enhance the quality of service provided for family planning clients. Technical terms used throughout are defined in the glossary in an attempt to bridge communication gaps that may exist between the writers and those who will utilize the Guidebook in clinical settings.

The second section of the Guidebook was developed to assist health workers in the integration of information and education throughout the clinic processes during various types of family planning visits. Each staff member can use the guide to ensure that he/she is providing information and education appropriate to the client, based on the reason for the clinic visit and the client's location in the clinic flow process. The informational/educational components of various types of visits are described from the client entry point to completion of the visit. Sample flow charts describing the informational and educational components are provided for the initial family planning visit; the follow-up revisit; medical problem visit; annual visit; and pregnancy test visit. Each Bureau of Community Health Services (BCHS) provider is encouraged either to implement the sample flow charts or to adapt and develop flow charts that are more appropriate to the specific agency, considering the diversity of services offered, staffing patterns, and human and material resources.

The organization of the information and education components of the various types of visits is based on the belief that learning is an ongoing process and that periodic reinforcement enhances the learning process. Each staff member has information sharing and education as a vital component of his/her role responsibilities related to the provision of health services for clients who are in need of family planning assistance.

The third section of the book provides guidance in the selection and utilization of educational methods and strategies in family planning education. Each health care agency is encouraged to consider the applicability of the various methods and strategies to their client population, considering geographic location, language needs, age, and other factors.

It is not uncommon for client education in family planning to be delegated to one or two staff members without a clear understanding of what information and education is being provided by other staff members. This Guidebook provides an organization plan for identifying aspects of informational/educational services that might be provided by various staff members. The utilization of the Guidebook will enhance the comprehensiveness of family planning information, and increase the awareness of all staff members concerning how they fit into the educational plan for family planning clients.

HOW TO USE THE GUIDE

The Guidebook has been developed in a loose leaf style, and should be placed in a three-ring binder or notebook. Each agency should have at least two copies of the Guidebook. It is suggested that one book be kept intact as reference material for all staff.

Blank sheets are included throughout the guide at the end of each type of visit, suggesting places where each agency may insert its own policies, protocols and procedures that are appropriate to the preceding section. Each agency is also encouraged to include procedures or protocols at other places in the Guide. For example, after the section on the physical examination the agency is encouraged to insert its own policies, procedures, and protocol

related to the physical examination of family planning clients; after the section on the laboratory process, the agency is encouraged to insert its own policies, procedures, and protocols related to the required laboratory tests, procedures for collecting and handling lab specimens, normal lab values, protocols on the management of clients with abnormal lab reports, who can perform certain lab procedures, and so on. After all of the blank sheets have been replaced by agency-specific policies, procedures and protocols, then the entire staff should be oriented to the book in a staff training session. The loose leaf format of the guide should facilitate the adaptation of the guide to the specific characteristics of the agency.

Once staff have had an orientation to the Guidebook and have reviewed their own agency's policies, procedures, and protocols related to each step in the clinic flow process, each staff person may then be provided with his/her own section of the book. For example, staff responsible for the reception process may be given sections of the Guidebook along with the agency's policies, procedures and protocols relevant to the reception station. Persons functioning as receptionists should then be encouraged to refer to the entire guide as the need arises. All staff should be provided with the section of the guide that discusses the educational process for initial visit clients.

LIMITATIONS OF THE GUIDE

It is important to note that the scope of the guide is limited. The book will not tell family planning providers what their clients' educational needs are, nor how to identify project needs. It does not offer guidance in the development of a specific plan to resolve or meet overall project needs or goals, nor will it pinpoint time and economic constraints. It will not necessarily enhance the cost effectiveness of each agency's operation. The guide is not an overall program management tool; it will simply facilitate the management of the informational and educational components of family planning services. The Guidebook includes information/education clients need in order to exercise their right of free choice and decision making; each agency then has to determine how to provide clients with the necessary information/education, considering their own environment and resources.

This Guidebook is not a training manual. Although information presented on birth control methods and sexually tansmitted diseases is comprehensive, information on human sexuality, communication skills, counseling, and medical problems is inadequate for staff training. Therefore, agencies will need to assist staff members in developing knowledge and expertise particularly in subject areas which are included in family planning education, but are not addressed in a comprehensive way in the Guidebook.

We have included a listing of the Family Planning Training grantees in the Guidebook so that you may contact the training center in your area, as the need arises. We would also recommend that you become familiar with the training programs sponsored by the training center in your area, since those programs are geared to train staff for their job functions in family planning.

FAMILY PLANNING PHILOSOPHY

A family planning philosophy includes a set of beliefs, attitudes, and values about the nature of family planning services and the relationship of family planning to the quality of life for individuals, couples and families. It is necessary to differentiate family planning from related concepts to fully appreciate family planning as a preventive health service that places high value on the quality of life and the intrinsic worth of human beings.

"Contraception," "birth control," and "family planning" are frequently used interchangeably, although their meanings differ. Contraception is derived from the Latin words contra, meaning against or counter, and ception, meaning the act of taking or receiving. Put together, contraception means action taken to prevent conception. Birth control generally refers to action taken by individuals or couples to space and/or limit births. Family Planning is not synonymous with either contraception or birth control. Family planning behaviors performed by individuals, couples, and families to ensure the number and timing of pregnancies and births include actions taken to effect conception and birth, as well as actions taken to delay or prevent conception and birth. This planning is done according to the goals and needs of the involved individuals. A family planning philosophy includes basic attitudes, values, and beliefs about human beings and the benefits of family planning services. These beliefs, values, and attitudes are summarized by the set of statements that follow:

Individuals have a right to make decisions concerning their reproductivity. The concept of family planning places value on both men and women as thinking, feeling, rational individuals capable of making decisions and effecting change. Individuals have the right to decide about their own reproductivity without regard to age, sex, marital status, socioeconomic status, race, religion or creed. Moreover, the intrinsic worth of the individual dictates the provision of high quality services in an atmosphere that protects the privacy and dignity of the client.

Information and education are vital components of family planning service delivery. Family planning is voluntary in nature, and free decision making does not truly exist unless options and choices are available to both men and women. Therefore, health workers in family planning must provide clients with the information and education they need for free and informed decision making.

Family planning is a preventive health service, and as such may facilitate the entry of clients into other primary and secondary health care facilities. Family planning programs provide routine health screening which is an important preventive health service. General health assessment provides a mechanism for identifying health deficits, needs, and current health status. Health deficits can be identified before the future health of the client and his/her family is seriously jeopardized. Positive health status and sound health practices can be supported and maintained by family planning service programs.

Informed consent is necessary to ensure and maintain the voluntary nature of family planning. Consent to family planning services must be informed consent. Clients, men and women, must receive information and education that will facilitate the realization of their family planning goals. The voluntary nature of family planning is jeopardized if information and education are inaccurate, biased and/or withheld.

The beliefs, attitudes and values about family planning provide a philosophical foundation for planning, implementing and evaluating family planning service delivery. If this philosophy is to be fully incorporated into family planning programs, information and education must be considered vital components of family planning service delivery.

INFORMED CONSENT

Informed Consent is a process which is basic to the philosophy of family planning. High quality informational and educational activities facilitate the informed consent process. Informed consent means the client has adequate understanding of family planning services in general, and the benefits and risks of the chosen method; he/she is knowledgeable of the existing alternatives; the client has responses to inquiries to any and all questions about methods; he/she has awareness of the right to decline methods offered or to withdraw consent; the client has a complete explanation of the proposed treatment/procedure in understandable terms; and the health provider documents the informed consent process.

The word B R A I D E D is a simple mnemonic device developed by Dr. R. A. Hatcher that can help staff members remember the seven basic elements of informed consent in family planning. Examples of the seven elements of Informed Consent--the B R A I D E D concept --are provided below.*

B Benefits of the method and services:

- o actual use and theoretical effectiveness rates
- o positive effects on the body, menstrual cycle, menstrual cramps
- o positive effects on the relationship, such as lessened fear of pregnancy, that may enhance sexual experiences, shared responsibility for contraception
- o positive effects on socioeconomic status, spacing of children until financially able to support an additional family member
- o positive effects on self-image, provides one with power to decide when and if he/she is psychologically ready to parent, allows time to enjoy and actively participate in the growth and development of young children

*The B R A I D E D concept was developed by Dr. R. A. Hatcher of the Grady Memorial Family Planning Program in Atlanta, Georgia. Discussions on informed consent are adapted from the B R A I D E D concept.

- o health screening - a preventive health service

Benefits vary according to the method and to the client's lifestyle, attitudes, and values.

R Risks of the method and/or treatment:

- o possible discomforts and disadvantages associated with the method or treatment.
- o reasonable disclosure of minor and major complications associated with the method or procedure. Client has a right to information about all risks that are potentially life-threatening, no matter how rare, and to all common minor risks.

Risks vary according to the method or procedure. Disadvantages vary according to the client's lifestyle, attitudes, and values.

A Alternatives available for the client:

- o unbiased description and information about all methods available, including risks and benefits of other methods. Include abstinence and "no method" among the alternatives.
- o alternatives presented must permit a rational decision to be made

If alternatives are not viable for a particular client because of medical contraindications, or other reasons, explain why.

I Inquiries from the client should be encouraged:

- o offer to answer any questions the client has
- o offer to provide further information as needed by the client
- o provide written information about the method of choice
- o observe non-verbal behavior for cues that the client has questions

Remember, some clients may find it difficult to ask questions; the health worker may need to encourage questions.

D Decline any method offered:

- o provide client with the explanation that he/she has the right to decline any method offered
- o provide the client with the explanation that he/she is free to withdraw consent
- o remind client that declining a method will not result in the withholding of any benefits to which the client would be otherwise entitled

Remember, some clients may hesitate to decline a treatment/procedure; observe the client for signs of discomfort with the decision.

E Explanation for client:

- o explain the proposed treatment/procedure in lay terms
- o explain the proposed treatment/procedure in the client's primary language
- o explain how the method works, how to get and use the method, where to go if problems develop, when to return to the clinic.

Explanation should be provided in a way that it is easily understood by the client. Avoid using medical terms unless the terms are explained.

D Documentation of above:

- o record the discussion of all the preceding six steps
- o the person documenting B R A I D E D should affix his/her signature
- o obtain documentation of client's consent by signature of the client.
- o try to give each client a copy of his/her consent form

It is important to conceptualize informed consent as an educational process which includes all seven elements. Informed Consent is more than a legal document with the client's signature.

Informed Consent can be summarized by determining what is implicit in the two words: "informed" and "consent".

- o Informed - implies the client is informed of: alternative procedures and/or methods available; details of medical procedure or methods; possible complications; and risks of failure. Information material to the client's choice or decision making must be presented.
- o Consent - implies the client is legally capable of giving consent, mentally competent, not under subtle or overt coercion or under duress, consent is express rather than implied, and the client is not a minor when giving consent for a sterilization procedure.

The importance of informed consent cannot be overemphasized. Every client has an ethical as well as a legal right to be informed as a prerequisite to giving consent. Also, the client who is informed and knowledgeable about his/her method may be a more effective user of the method. A client who is informed and knowledgeable about health, and health care may be able to enhance his/her level of wellness.

GENERAL OPERATING PRINCIPLES

All family planning activities and interactions within a health care agency should be based on the philosophical principles discussed in the previous sections. Implicit in the family planning philosophy is the informed consent process and the development and implementation of high quality informational and educational components of family planning service delivery. A set of principles are described in this section. These principles serve as basic parameters that agencies may use to assess to what extent they are implementing a family planning philosophy in the day-to-day provision of health care. Individual staff members may also do a self-assessment using the principles and questions. The principles can be employed in the establishment of qualitative goals for family planning service delivery.

The health care environment should be manipulated so that all persons are able to exercise their rights to family planning services.

There are environmental factors that either facilitate the client's exercise of his/her rights to family planning or serve as barriers to the client.

Ask yourself these questions:

- Can individuals in wheelchairs enter the health facility where you work? If so, can they get into bathrooms? Are examination rooms arranged so that there is enough entry space into the room? Can the person in a wheelchair establish linear eye contact with the receptionist, or is he/she forced to look up to the receptionist?

- Can individuals who speak languages other than English benefit from materials in the reception area or waiting room? Are posters and pamphlets printed only in English? Are staff available who can communicate in the client's language?

- Does the cleanliness and attractiveness of the setting convey to the client that the agency has regard for his/her comfort?

- Does the clinic consider the needs of teenagers? For example, are clinic hours arranged so that family planning needs can be addressed at a time appropriate for teenagers, such as after school hours and Saturdays? Do persons passing on the street have an idea about what kind of services are provided inside your clinic, thereby discouraging teenagers from coming in?

- Does the clinic subtly exclude men? Are signs posted that focus solely on women's roles in family planning? Is there literature in the waiting room written for men by men? Is the decor in the clinic too "feminine", or is it more unisex? Are you using posters that depict men as callous and uncaring?

- Are consumer rights posted in areas where clients are able to read them easily? Is the clinic decorated with informational materials such as posters on family planning, breast self-examination, Pap smears, birth control methods, testicular examination? Does the environment encourage clients to ask questions freely?

The interpersonal aspects of the clinic should be manipulated so that all persons are able to exercise their rights to family planning services.

Ask yourself these questions:

- What negative comments have you heard or made about teenage clients, individuals with physical or developmental disabilities, men clients or prospective men clients, clients speaking languages other than English, or ethnic people of color?

- Does the initial contact turn the client on or turn the client off? Are clients left on "hold" on the telephone without appropriate information? Can all staff communicate minimally with clients? For example, can the receptionist say in the appropriate language:

  "I do not speak _____, but let me get someone who can."

  "Do not hang up, I'll get some one who speaks _____."

  "Just a moment, let me get someone to help you."

  "Good morning", "Good afternoon".

  "Have a seat, someone will help you in a moment."

  "I can schedule an appointment on ____when we have a _____ translator."

  "Would you arrange to bring someone to the clinic who can translate for us?"

- What are the non-verbal messages that may deter or enhance the client's ability to utilize the services of the clinic?

- Does your clinic or health center employ individuals with disabilities? Can you or other staff members communicate in the primary language of clients, such as sign language?

- What would happen if a blind person or a person with a visual impairment came to your agency for family planning services; how would the informed consent process be handled?

The privacy, confidentiality, and dignity of all clients should be protected in word and deed.

Ask yourself these questions:

- Are clients asked to give the reason for their visit in an area where they can be overheard by other clients? Are clients asked questions about income, family structure and relationships, or marital status in areas where other clients may hear the conversation?

- Are clients seated in gowns in waiting areas? Are examination and interviewing rooms completely private? Are examination tables situated with the foot (stirrup end) away from the door? Are laboratory test results given in a private area? Are clients made to wait for long periods to receive services?

- Are receptionists and other staff members trained to protect patient confidentiality on the telephone, in referrals, and in the safe keeping of medical records?

Information and education must be provided to all clients based on their needs.

Ask yourself these questions:

- Are all clients informed and knowledgeable about all options? Do you favor a particular method for particular clients? If so, what are the reasons - scientific, personal biases, personal beliefs about who should or should not have children?

- Do you feel clients will not understand, and therefore withhold certain kinds of information?

- Are educational materials geared to your client population with respect to age, culture, ethnicity, language, reading level, and use of appropriate signs and symbols? Do you have educational materials for men? Do you include men in the educational process? Have you assessed the effectiveness of educational materials and approaches utilized, based on the needs of your client population?

- Are consent forms in the appropriate language and reading level for your client population?

- Can individuals with physical disabilities such as hearing and visual impairments utilize the educational components of family planning services? Have modifications and adaptations been made in their behalf?

Family planning should assist individuals in realizing their full health potential.

Ask yourself these questions:

- Are portions of the health assessment process omitted for some individuals? Can staff teach breast self-examination to individuals with developmental disabilities? Are individuals with disabilities encouraged to accept sterilization procedures without regard to their desires and future goals?

- Is the focus of service provision on physical health as opposed to total health? Do staff enhance or deflate clients' self esteem?

Several questions have been posed for the agency to consider. Many more revelant questions can be developed and answered by each health worker based on his/her experiences.

CLIENTS WHO NEED SPECIAL CONSIDERATION

There are various individuals and groups with special needs for whom family planning services have been only minimally accessible. These groups include individuals with, physical and/or developmental disabilities, non-English speaking clients, teenagers, men, and various ethnic and cultural groups. General lack of awareness and/or insensitivity to their special needs, environmental barriers, and societal attitudes are some of the factors that have made family planning inaccessible or only minimally accessible to these clients.

A family planning program may be inaccessible to a Hispanic community even if it is located a couple of blocks away. Some examples of factors that might make the clinic inaccessible are attitudes of clinic staff toward Hispanic people, and lack of Spanish speaking staff for monolingual Spanish speaking clients. If the community has a large number of undocumented persons, they may fear discovery and deportation unless staff are extremely sensitive to their concerns and are able to convince the community that the health program does not report to immigration authorities.

Similarly, a health program may be inaccessible to teenagers in need of family planning services if the teenager can be clearly identified as a family planning client. For example, it may be uncomfortable for a teenager to sit in a waiting room identified as the family planning waiting area, especially in small communities where all types of health services are provided by one agency.

Prior consideration of the unique needs of clients should be a priority in making services accessible. Services are accessible only when the client can utilize the services without undue physical, psychological, emotional, or socioeconomic duress. Alterations in the environment, the educational processes and materials, and staff activities and attitudes may be required to facilitate client accessibility.

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Bathrooms and examination rooms may need to be adjusted for clients in wheelchairs. Special equipment may be needed, such as an examination table that lowers. Staff may need to develop or enhance their ability to include clients directly in the assessment process, finding out from the client what is needed and providing assistance in completing forms, collecting urine specimens, dressing and undressing, and so on.

Information and education should be tailored to the needs of clients. If an education/rap session is planned for teenage clients, individual instruction should be provided for teenagers who need it. Visual symbolic communication should be encouraged for clients who have learning disabilities or hearing impairments. Attempts should be made to obtain feedback from clients about the relevance of educational materials.

As barriers are identified, clients should be asked for suggestions on removing barriers. Consider developing audiotapes and raised anatomical models for clients with visual impairments. Consider developing highly visual materials with accompanying written materials for clients with hearing impairments. Talk to clients even when talking through an interpreter. Focus on the client rather than the interpreter. A tape-recorded message may be used to instruct non-English speaking clients to call at a specific time when someone will be available to discuss his/her concerns in the appropriate language. The person receiving incoming calls should be able to communicate well enough in the client's primary language to tell him/her when and where someone fluent in the client's language will be available. Administrative/planning staff must know the client population and identify resource persons to teach all staff to communicate on a minimal level with clients. Also, bilingual staff and translators should be identified.

Agencies are encouraged to recruit and hire individuals representative of the client population with respect to sex, age, language, ethnicity and culture; also individuals with physical disabilities and/or developmental disabilities may be recruited and hired. Staff sensitivity to the needs of the client population is extremely important to the delivery of quality family planning services.

NATIONAL RESOURCES

This section of the Guidebook includes information on services and resources available through large national agencies that may complement the efforts of family planning providers. The listing of agencies is by no means all inclusive. An attempt has been made to identify resource agencies that are likely to continue providing services for clients and/or family planning staff throughout the nation. Agencies are listed in alphabetical order. The national headquarters' addresses and telephone numbers are provided to facilitate your contact with them if/when further information or referrals are necessary. Brief descriptions of their services are included. In most cases, direct services to clients are provided by local affiliate offices. The national organizations are generally responsible for the coordination and administration of their member programs, ongoing research, publications, circulation of educational materials, professional education, and advocacy.

- American Association of Marriage and Family Therapy
  National Headquarters
  934 West 9th Street, Upland, CA 91786
  Telephone: (714) 981-0888

  Referral services to licensed individual therapists, licensed family service agencies or mental health facilities are provided. If none of these services are available in your area the local chapters will provide information on questions to ask therapists to determine if they are qualified and criteria for selection.

  Family planning clients who are in need of marital counseling may need referral to a therapist. Identify the local chapter and obtain a list of therapists and service agencies in your geographic area.

- American Association on Mental Deficiency
  National Headquarters
  5201 Connecticut Avenue, N.W. Washington, D.C. 20015
  Telephone: (202) 686-5400

  This Association develops and sells educational materials to be utilized by health professionals in the delivery of services. Books on teaching adaptive behaviors, handbooks for obtaining client's consent for services, and pictorial pre-vocational interest inventory handbooks are some of the materials available for purchase. A journal for professionals is published bi-monthly. The association is not engaged in research, but many of its individual members do conduct research programs. Educational activities consist mainly of an annual convention for members. Other educational activities are aimed at developing or increasing professional awareness of this area. Referrals for direct services are handled by either the regional or state chairperson.

  Family planning clients in need of direct services may be referred to the appropriate agency by the regional or State chairperson. Identify the regional or State chairperson in your geographic area.

- American Association of Sex Educators, Counselors and Therapists (AASECT)
  National Headquarters
  5010 Wisconsin Avenue, N.W., Suite 304, Washington, D.C. 20016
  Telephone: (202) 686-2523

  The Association is involved in conducting research, training and educational programs. A register listing all the certified sex educators throughout the ation is available for referral services. Referrals or further information can also be obtained by contacting one of the district offices or the chairperson for the particular local area. This organization publishes a newsletter and a journal available to its members only.

  Books, reprints, leaflets, and pamphlets are available to professionals and the public in general.

  Family planning clients who need sexual counseling or therapy may need referral to a qualified therapist. Obtain a referral list of therapists for your geographic area.

- American Cancer Society
  National Headquarters
  777 Third Avenue, New York, NY 10017
  Telephone: (212) 541-4310

  The national headquarters office is engaged in research, development of educational materials and coordination of the services provided by the State and/or local offices. Most local offices provide clinic referrals and, direct services to clients, such as free educational literature, counseling services, support groups for mastectomy patients, and short term use of equipment necessary for the activities of daily living, i.e. wheelchairs, commodes, walkers, etc.

  Some offices lend out audiovisual equipment for community programs and/or professional training services. The larger offices offer a variety of other services, such as stop-smoking clinics and breast self-examination clinics. These clinics may either be offered at the Society's local office, at places of employment, or community agencies.

  Some of the State offices develop their own supplementary educational materials according to the specific needs and resources of the area.

  Family planning clients who have cancer may need the counseling and referral services offered by the society. Identify the State or local office in your geographic area.

- American Diabetes Association
  National Headquarters
  600 Fifth Avenue, New York, New York, 10020
  Telephone: (212) 541-4310

  Research aimed at the care, control and cure of diabetes and the publication of a bimonthly magazine are the primary activities conducted by the Association. The magazine provides medical information in an easy-to-read

format for patients, reports on medical research, and reports on activities of affiliates. It also includes recipes and a question and answer section.

Educational programs, screening programs, and social/recreational activities are provided by both the Association and its local affiliate offices. The approaches to patient, public and professional education include seminars, meetings, 24-hour hotline, office consultation and literature. Literature consists mainly of information on the warning signals of diabetes onset, exchange lists for planning meals, and basic question and answer factbooks.

Screening diabetes clinics vary in their numbers and location according to the local needs and resources available. If there are none available in your area, contact the national headquarters for referral to the nearest clinic. There are specially designed juvenile programs, such as summer camp. Also available are parent and youth groups, parents of diabetics clubs, young adult discussion groups, and other group activities organized by age, geographic area, or special interest.

Family planning clients who have diabetes may need the literature available through this agency. Identify the American Diabetes Association office in your geographic area.

- American Heart Association
  National Headquarters
  7320 Greenville Avenue, Dallas, Texas 75231
  Telephone: (214) 750-5300

  The American Heart Association is involved in the alleviation and control of heart and blood vessel disorders, through research, education, and community services. The Association is also responsible for the coordination of services provided by their state affiliates, the provision and monitoring of standards for health professionals, and for equipment use in providing care to patients. Professional education is provided through symposia, demonstration projects, and seminars.

  Some States have more than one affiliate office. Services available through the affiliate offices include: community programs, public education with emphasis on the prevention and treatment of disorders, referral services to other agencies and literature. Most of their pamphlets provide information on the risk factors associated with heart and circulatory disorders, and diet and exercise as methods of prevention and treatment. Sodium-restricted diets are not provided, since these diets need the supervision of a physician.

  Family planning clients with hypertension, heart disease, or a strong family history of heart and/or blood vessel disorders may benefit from literature provided by this agency. Identify the American Heart Association office in your geographic area.

- Epilepsy Foundation of America
  National Headquarters,
  1828 L Street, N.W. #406, Washington, D.C. 20036
  Telephone: (202) 293-2390

The foundation is responsible for the coordination of the administrative services of all its local chapters, funding research programs, developing educational materials for the public and patients, and conducting education and training programs for its staff. Some of these programs are available to the public on a limited basis.

The local chapters provide services tailored to the needs and resources available at the specific areas. First-aid instruction sheets, film loans or rentals at moderate charges, advocacy, community educational programs, professional consultation and, direct services to clients, such as counseling and referrals to medical services are generally available.

Family planning clients who have seizure disorders may need the counseling and referral services provided by the Foundation. Identify the chapter in your geographic area.

- March of Dimes Birth Defects Foundation
  National Headquarters
  P.O. Box 2000, White Plains, N. Y. 10602
  Telephone (914) 428-7100

  Prevention and treatment of birth defects through the Foundation research program, educational activities and publication of educational materials are the primary activities of this agency. The local chapters offer community services such as genetic counseling, diagnosis and treatment of defects, and referrals to other agencies. Public and professional education is done through seminars, workshops, and the distribution of literature. Some local chapters are working within their individual school systems. Also, some scholarship grants are available to promising students in birth defects related fields.

  Family planning clients who are considering or planning pregnancy may benefit from the literature on the prevention of birth defects. Also, clients who have given birth to a child with a birth defect, or who have a family history of birth defects may benefit from their genetic screening services and counseling. Identify the March of Dimes Foundation office in your geographic area.

- National Association *of* the Deaf
  National Headquarters
  814 Thayer Avenue, Silver Spring, Maryland 20910
  Telephone: (301) 587-1788

  The Association's main activities include the publication of periodicals, magazines, and newsletters by their member organizations; legal representation in discrimination cases and referrals to the appropriate local or State organizations, such as the State Departments of Rehabilitation. Most State offices provide information, referral and advocacy services. They are involved in limited social-recreational and educational activities.

  The Departments of Rehabilitation are the main providers of direct services, such as fitting and training for the use of hearing aids, providing assistance with speech problems, training in activities of daily living and job training.

Family planning clients with hearing impairments may benefit from the services provided. Identify the Association for the Deaf in your geographic area and identify the Department of Rehabilitation in your locale.

- National Association for Retarded Citizens
  National Headquarters
  2709 Avenue E. East, P.O. Box 6109 Arlington, Texas 76011
  Telephone: (817) 261-4961.

  The Association's activities include research, coordination of the services offered by their local member organizations, and educational and advocacy programs.

  Public and professional educational programs are conducted at both the national and affiliate levels. Advocacy programs emphasize improving the legal rights of retarded citizens, improving residential facilities for clients, and free public education.

  Direct services are provided at local offices such as job orientation and training, sheltered workshops, and referrals to community services and guidance.

  Family planning clients may benefit from the advocacy program offered by the Agency. Family planning staff may need consultation with this Association in the development of appropriate family planning information and educational programs and sessions for retarded citizens. Identify the affiliate in your geographic area.

- National Association of Sickle Cell Disease, Inc.
  National Headquarters
  3460 Wilshire Boulevard, Suite 1012, Los Angeles, CA 90010
  Telephone: (213) 731-1166

  The Sickle Cell Research Foundation is located at 4401 South Crenshaw Boulevard, Suite 328, Los Angeles, California 90043, and its telephone number is (213) 299-3600.

  The Association monitors and coordinates the services of its associate member organizations. The Research Foundation offers technical assistance, educational programs, exhibits, speakers, and literature such as home study kits, crossword puzzles, and flash cards. Some literature is available in Spanish.

  The Research Foundation and some of their local organizations have sickle cell screening and testing programs. Contact your local organization for the nearest screening and testing clinic. In addition, the Research Foundation provides genetic counselor training, and also assists in the national research effort.

  Affiliate offices may have 24-hour hotlines to assist patients in crisis, and to provide referrals for medical care and other related services. Free summer camps are available through some of the local offices.

Family planning clients with sickle cell disease or trait may benefit from the educational literature provided by the Association. Family Planning staff may increase their understanding of sickle cell disease by participation in the Association's educational sessions.

Identify the member organization in your geographic area.

- National Association for the Visually Handicapped
  National Headquarters
  3201 Balboa Street, San Francisco, CA 94121
  Telephone: (415) 221-3201

  For technical assistance only, contact the second location at:

  40 East 19th Street, 3rd Floor, New York, N. Y. 10003
  Telephone: (212) 889-3141

  The San Francisco headquarters has counseling and guidance programs for children, adults, and elderly people with low or partial vision. Parents of partially-sighted children can also utilize the counseling services. Referrals for assistance in medical needs, special aids, and housing is available. Other services to clients include a free library service, large print books, and a newsletter for adults with large print. The Association also sets up standards to be used by the commercial publishers in the development of publications. The New York office is responsible for the research program, the development of educational materials, and the provision of technical assistance.

- National Clearinghouse for Family Planning Information
  P.O. Box 2225, Rockville, Maryland 20852
  Telephone: (301) 381-9400

  The purpose of the National Clearinghouse for Family Planning Information is to function as a resource center to family planning workers, educators, trainers and consumers throughout the United States.

  The Clearinghouse functions are:

  - To collect and disseminate information on family planning and related topics such as: contraception and contraceptive methods; teenage contraception, pregnancy, and parenthood; human sexuality; reproductive health; examination procedures; sex education; menstruation, menopause, and human reproduction; informed consent and legal aspects of family planning, etc.

  - To further patient and professional education in the area of family planning through the development of several materials such as: subject searches, bibliographies, catalogues, bulletins and fact sheets.

  - To distribute single copies or limited quantities of DHHS-produced publications.

- To facilitate the communication among family planning workers through the availability of the directory of BCHS-supported family planning grantees and clinics.

For further information or to obtain a listing of their publications please write to:

NATIONAL CLEARINGHOUSE FOR FAMILY PLANNING INFORMATION

- National Council on Alcoholism
  National Headquarters
  733 Third Avenue, New York, N. Y. 10007
  Telephone: (212) 986-4433

  Local councils provide information and referral, direct services to industries in setting up programs for alcoholics, public education, and coordination of community services. Guidelines for the services offered by the local organization, as well as research, are developed by the National Council.

  Family Planning clients who are alcoholics or have family members who are alcoholics may benefit by a referral to a local council. Identify the local Council in your geographic area.

- National Easter Seal Society for Crippled Children and Adults
  National Headquarters
  2023 West Ogden Avenue, Chicago, Illinois 60612
  Telephone: (312) 243-8400

  The national society is involved in conducting research, and developing educational programs and materials for professionals and the public. The services of the local affiliate offices vary according to the specific needs of the areas they serve. Information, referral, systematic follow-up, coordination of services available to the handicapped, assistance in solving problems unique to the handicapped, limited number of publications and community advocacy are the programs most readily available from the local offices. The large affiliate offices (usually found in the larger States) may have additional programs such as: joint programs with the local Heart Association offices in Stroke Resocialization programs, living and skills training centers, equipment loan and rental, and training of personnel to become home help aides for the handicapped through special projects such as CETA.

  Identify the Easter Seal Society in your geographic area.

- National Family Planning and Reproductive Health Association Inc.
  425 13th Street, N.W. #350, Washington, D.C. 20004
  Telephone: (202) 783-1560

  A non-profit membership organization of family planning and reproductive health clinics and counselors, consumers, private physicians, research groups, and other interested individuals. The Association's goal is to expand and improve the delivery of family planning and reproductive health services by sponsoring annual and regional meetings, technical assistance workshops and conferences. The Association maintains a technical assistance resource

file and communication networks, and monitors legislative action. A bi-monthly newsletter is published describing upcoming events, new educational materials and family planning policies.

Family planning and reproductive health providers may benefit by participation in the association.

- National Institute of Health
  National Cancer Institute
  Office of Cancer Communication
  Building 31-A, Bethesda, Maryland 20014
  Telephone (301) 496-4000

  Intensive research is conducted at both national and local levels for alleviation and control of cancer. The national and affiliate organizations collaborate in the development of patient, public, and professional education programs. Emphasis is placed on the warning signals for cancer, the seven major cancer sites, and their associated risks. Speakers, audiovisual materials, special education projects, and literature in English and Spanish, are available through either the affiliate or national office. Several nutrition and recipe books have been developed to assist cancer patients with their loss of appetite.

  Cervical cancer education and testing, and breast examination screening and training are direct services available through affiliates. Clients with abnormalities are referred for further testing and/or treatment. The national office limits its referral services to the National Institute of Health or to local research study groups specializing in specific types of cancer. Hotlines, short-term counseling and support groups, educational kits on mastectomy and smoking are also available through most of the affiliate offices.

  Each family planning agency should identify a facility that is capable of evaluating and treating clients with abnormal Pap smears and breast masses.

  Family planning clients may benefit from the Institute's literature, especially the breast self-examination screening and DES literature. Literature on cancers among men should be obtained for men clients. Identify the office in your geographic area.

- Sex Information and Education Council of the U.S. (SIECUS)
  Executive Offices
  84 Fifth Avenue, New York, N. Y. 10011
  Telephone: (212) 929-2300

  Resource Center and Library
  51 West 4th Street, Room 53
  New York University, N. Y. 10013
  Telephone: (212) 673-3850

This organization primarily serves professionals and students in the area of human sexuality. Education materials, legal input and professional consultation are provided by SIECUS. A bibliography developed for professionals lists books and periodicals by topics. A second bibliography is geared to consumers, that categorizes materials according to age groups. A collection of sex education curricula as well as a bimonthly periodical is also available. Occasionally, SIECUS will co-sponsor conferences with other agencies. Please contact SIECUS to obtain further information or a listing of their materials.

- Welfare Rights Organization (WRO)
  National Headquarters
  11905 South Central Avenue, Los Angeles, CA 90058
  Telephone: (213) 564-6049

  This nationwide organization instructs public assistance recipients and other interested citizens on how to deal effectively with the different county and state programs, such as Medicare, Medicaid, Social Security. Referrals to medical, legal and social welfare organizations are also available. Some literature is available which explains the eligibility, benefits and restrictions of public assistance programs.

  Family planning clients who are receiving social services may benefit from the advocacy services provided by the Welfare Rights Organization. Identify the organization in your area.

FAMILY PLANNING TRAINING GRANTEES

JSI Research and
and Training Institute, Inc.
210 Lincoln Street, 6th Floor
Boston, MA 02111
617 482-9485

Planned Parenthood Federation
of America
810 Seventh Avenue
New York, NY 10019
212 541-7800 (New York)
215 563-7714 (Philadelphia)

Cicatelli Associates, Inc.
522 West End Avenue
New York, NY 10024
212 595-8140

Family Planning Council of
Southeastern Pennsylvania
2 Penn Center Plaza, Suite 616
Philadelphia, PA 19102
215 563-7700

Emory University
802 Hartford Bldg.
100 Edgewood Ave., N.E.
Atlanta, GA 30303
404 523-1996

Planned Parenthood Association
of Wisconsin
1135 West State Street
Milwaukee, WI 53233
414 271-8116

Indiana Family Health
Council, Inc.
21 Beachway Drive, Suite B
Indianapolis, IN 46224
317 247-9158

University of Texas Health Science
Center at Dallas
Southwestern Medical School
5323 Harry Hines Blvd.
Dallas, TX 75235
214 688-2022

The Center for Health Training
302 West 15th Street
Suite 200
Austin, TX 78701
512 476-8342

Development Systems, Inc.
4049 Pennsylvania
Kansas City, MO 64111
816 931-4828

Rocky Mountain Planned Parenthood
1525 Josephine Street
Denver, Colorado 80206
303 321-2471

Professional Staff Association
of the County of Los Angeles
Harbor-UCLA Medical Center
1124 West Carson Street
Torrance, CA 90502
213 533-3713

Center for Health Training
2229 Lombard Street
San Francisco, CA 94123
415-929-9100

Center for Health Training
157 Yesler Way
Seattle, WA 98101
206 447-9538

GLOSSARY

We have taken the liberty of including a glossary of terms in the Introduction section of the Guidebook, rather than at the end. The reason is twofold. First, we encourage all persons who are involved in providing clients with information and/or education to study the definitions prior to utilizing the guidance materials in the day-to-day interaction with clients. Second, a review of technical terms used in the guidance materials may be an appropriate place to begin staff orientation to the Guidebook.

An attempt has been made to simplify definitions so that non-medical staff will begin to learn the language and terms used by physicians, nurses, etc. Likewise, technical terms used by health educators have been defined to help bridge the communication gap that may exist between the professionally trained/educated health educator and other staff who are involved in client education.

Acne (ak-ne): a disorder of the skin caused by inflammation of the hair follicles and/or of the sebaceous glands, or oil secreting glands of the skin. It chiefly occurs during adolescence, but may occur any time in life. Acne may improve or get worse while taking birth control pills.

Acute (a-kyut): having a sudden onset, sharp rise, and short course - when referring to a disease.

Anemia (a-ne-me-a): a condition in which the blood is low in red blood cells, hemoglobin, or in total volume. (Refer to hemoglobin.)

Apathy (ap-a-the): lack of interest or concern, or the appearance of not being interested or concerned.

Artery (art-a-re): a blood vessel through which blood passes away from the heart carrying oxygen to the various parts of the body.

Arthritis (ar-thrit-as): a disorder in which the inflammatory lesions are confined to the joints. Arthritis is one of the possible complications of gonorrhea. (Refer to gonorrhea.)

Asthma (az-ma): a condition often of allergic origin that is marked by continuous labored breathing accompanied by wheezing, by a sense of contraction in the chest, and often by attacks of coughing or gasping.

Bacterium (bak-tir-e-am): singular of bacteria, they are microscopic plants having round, rodlike, spiral or filamentous single-celled or non-cellular bodies often grouped into colonies, capable of movement and parasitic in nutrition. Bacteria overgrowth in the human body causes infection. (Refer to infection.)

Benign (bi-nin): not cancer, favorable for recovery.

Bilirubin (bil-i-ru-ban): a reddish-yellow coloring substance occurring in

bile, blood, urine and gallstones. Abnormal amounts of this pigment in blood, urine, etc., is a sign of disease.

Brainstorming: a group problem-solving technique that involves the spontaneous contribution of ideas from all members of the group.

BSE: abbreviation for breast self-examination, a technique that includes looking at the breast and feeling to pick up abnormal findings; a self-examination technique that is useful in finding breast lumps and nodules at a stage where, if the lumps or nodules are cancerous, they can be treated. However, most of the lumps or nodules found in breasts are benign. (Refer to benign.)

Buzz Session: a quick meeting or series of meetings devoted to a particular activity.

Candida albicans (Kan-ded-e al-bi-kans): the parasitic, imperfect fungus that causes monilia or yeast infection.

Cauterization (Kot-a-ri-za-shun): the destruction or sealing of tissue with heat or electric current.

Cardiovascular (kard-e-o-vas-ku-lar): pertaining to the heart and blood vessels.

Cerebrovascular (ser-e-bro-vas-ku-lar): pertaining to the blood vessels of the cerebrum or brain.

Cervix (ser-viks): a constricted or narrowed portion of an organ such as the mouth of the uterus or womb. (Refer to uterus.)

Chlamydia trachomatis (Klah-mid'-e-ah trah-ko'-ma-tis): a small microorganism that causes non-specific urethritis infection.

Circulatory Disorder (ser-ku-lah-to'-re dis-ordar): an abnormality in the movement of the blood through the heart and blood vessels.

Clotting (klot-in): a process of chemical and physical reactions that results in the change of fluid blood into solid or coagulated blood.

Cohort (ko-ho(a)rt): a group, series or formation.

Coitus (ko-et-as): intercourse, penetration of the male penis into the woman's vagina.

Condyloma acuminatum (Kon"-di-lo'-mah ah-ku-mi-nat-um): the virus that causes venereal warts.

Coronary artery disease: harmful development of the blood vessels carrying oxygenated blood to the various parts of the body.

Corynebacterium vaginalis vaginitis
(Ko-ri"-ne-bak-te-re-um vaj-i-nah-lis vaj-i-ni'-tis): infection of the vagina usually transmitted through sexual intercourse or close sexual contact.

Demonstration (dem-an-strat-shen): a process of displaying in an organized way, the different steps to be followed in order to arrive at a clear conclusion, or to learn how to do something.

Depression (di-presh-an): an emotional disorder characterized by anxiety, sadness, hopelessness, difficulty in thinking and concentration, and inactivity.

DES: abbreviation for diethylstilbestrol which is a synthetic estrogen that has been linked to the occurrance of vaginal and cervical disorders in the offspring of women who took the drug during pregnancy.

Developmental disability (de-vel-op-men-tahl dis-a-biliti): includes mental retardation, cerebral palsy, epilepsy, and autism, in addition to conditions closely related to mental retardation or requiring similar treatment. These conditions must originate before age 18, continue, or be expected to continue indefinitely, and constitute a substantial handicap.

Ectopic pregnancy (ek-top-ik): pregnancy located outside the uterus, i.e. fallopian tubes.

Endocervix (en-do-ser-viks): the region of the opening of the uterine cervix into the uterine cavity.

Endocrine glands (en-do-krin glands): organs that secrete specific substances or hormones which are released directly into the circulatory system and influence metabolism and other body processes.

Endometrium (en-do-me-tri-um): the lining of the uterus.

Epilepsy (ep'-i-lep -se): any of various disorders marked by disturbed electrical rhythms of the central nervous system, usually characterized by convulsions and/or impairment or loss of consciousness.

Epithelial (ep'-i-the'-le-al): the membrane that covers the internal and external surfaces of the body including the lining of vessels and other small cavities, consists of cells joined together by small amounts of cementing substance.

Fallopian tubes (fa-lo-pe-an tubes): muscular tubes lined with a membrane that has hairlike projections that help move the ova (eggs) from the ovaries to the uterus. Fertilization usually occurs in the fallopian tube.

Fibroid Tumor (fib-roid tu-mor): a growth of fibrous structure or fibrous tissue.

Follicle (fal-i-kal): a sac or pouchlike cavity, i.e. the ovarian follicle contains the female germ cell.

Forum (for-em): a public discussion.

Free Wheeling (fre whe(a)l-en): freedom to drift, move or change.

Fungus (fan-gas): a parasitic plant that lacks the green coloring matter (chlorophyll) in plants, including molds, rusts, mildews, mushrooms, etc., such as yeast vaginitis caused by Candida albicans. (Refer to Candida albicans.) Plural of fungus is fungi.

Gallbladder Disease (gol-blad-er dis-ease): disease of the pear-shaped reservoir for bile. The gallbladder is located behind and below the liver.

Game: an activity or strategy engaged in for the purpose of achieving an end, usually amusing, but can be used to teach concepts and provide learners with experience in managing concepts.

Genital Herpes (Jen-a-t'l Her-pes): a viral disease of sudden onset characterized by multiple blisterlike sores on the vulva, cervix, or penis. The sores appear in clusters and are usually transmitted by close sexual contact.

Genital scabies (jen-a-t'l ska-bez): a contagious skin disease of the external genitalia due to a mite that bores into the skin forming burrows, characterized by intense itching together with inflammation of the skin caused by scratching; an infestation rather than an infection.

Gland: a cell or group of cells that selectively removes materials from the blood, concentrates or alters them, and secretes them for further use in the body or for elimination from the body.

Gonorrhea (gan-a-re-a): a contagious infection of the genital mucous membrane generally transmitted through sexual intercourse or close sexual contact, caused by Neisseria gonorrhoeae, a microorganism. When untreated, gonorrhea can cause serious disorders including sterility, arthritis, heart disease, etc.

Group Discussion (grup dis-kesh-en): a group conversation on a specific topic or question, usually directed by a leader.

Haemophilus vaginalis (He-mof'-i-lis vaj-i-nah-lis): short, straight, rod-shaped bacteria that causes non-specific vaginitis.

Hematoma (hem-ah-to' mah): a localized collection of blood in an organ, space or tissue caused by a break in the wall of a blood vessel.

Hemoglobin (he-ma-glo-ben): an iron containing protein occurring in red blood cells; hemoglobin is the oxygen carrying substance of the blood.

Hemophilia (he-mo-fil-e-ah): a hereditary blood defect of males characterized by delayed clotting of the blood and consequent difficulty in controlling hemorrhage, even after minor injuries.

Hepatic adenoma (he-pat-ik ad'-e'no' mah): a benign epithelial liver tumor in which the cells form recognizable glandular structures.

Herpes Simplex (Herpes Simplex): the virus that causes Genital Herpes. (Refer to Genital Herpes.)

Hormone (hor'mon): a chemical substance produced in the body by an organ, gland or cells of an organ. Hormones are transported in the bloodstream and have specific regulatory effects on the activity of their target organs.

Impaired liver function: diminished ability of the liver to filter blood, secrete bile, excrete bilirubin and/or accomplish other metabolic functions.

Implantation: the attachment of fertilized ovum in the endometrium.

Infarct (in-farkt): a localized area of dead cells resulting from obstruction of the local circulation by a clot, air bubble, or other plug.

Infection: invasion and multiplication of microorganisms in body tissues resulting in local cellular injury.

Infestation: the spreading or swarming of hostile parasitic organisms in the body. May also refer to infestation of inanimate objects, i.e. linen may become infested with pubic lice.

Inflammation: a localized protective response elicited by injury or destruction of tissues which serves to destroy or dilute both the injurious agent and the injured tissue.

Joint : the place of union between two or more bones of the skeleton.

Lecture: a discourse given before an audience or class, especially for instruction.

Metabolism: the chemical changes in living cells in which energy is provided for vital processes and activities.

Malignancy (mah-lig-nan-se): also known as cancer, a tumor with uncontrolled growth, expanding through invasion and change of its cells.

Mental retardation: significantly subaverage general intellectual development that is associated with the impairment of learning and social adjustment.

Microorganism (mi-kro-or-gan-izm): any individual living thing, whether animal or plant, invisible without the use of a microscope.

Migraine headache: a symptom complex characterized by periodic and severe vascular headaches usually on one side of the head, and commonly associated with nausea, vomiting, irritability, constipation, or diarrhea.

Moniliasis (mo-nil-e-ah-sis): a vaginal infection caused by Candida albicans; characterized by white cottage-cheeselike discharge, itching, redness of external genitalia and sometimes upper thighs. Can be transmitted through sexual intercourse.

Neisseria gonorrhoeae (Nis-se'-re-ah gan-a-re-a): the microorganism that causes gonorrhea, occurs typically as pairs of flattened cells which are usually found in the diagnostic smears of purulent material.

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Non-specific urethritis (non spi-sif-ik yu-re-thra-tis): an infection of the urethra which may be caused by a variety of organisms: bacteria, viruses, fungi or other organisms.

Organ: a somewhat independent part of the body that performs a special function(s) such as the liver.

Orgasm (or-ges-m): the culmination of sexual excitement.

Parasite: a plant or animal which lives upon or within another living organism to the expense of the organism that it lives on.

Phthirus pubis (Thir'-us pu-bes): also known as crab louse, a tiny parasitic insect that infests humans, and lives in the hair on the pubic area.

Physical disability: a physical or mental impairment which substantially limits one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Premature ejaculation: ejaculation of semen shortly after beginning of the sexual act.

Psychological regret: an emotional reaction to an external and consciously recognized loss which usually decreases over time.

Pubic lice: parasitic insects that infest and live in the pubic hair. (Refer to Phthirus pubis.)

Pulmonary embolus (pul'mo'ner'e em'bo-lus): clot or other plug brought by the blood from another vessel. The clot or plug produces closure of the pulmonary artery or one of its branches.

Purulent (pu'-roo-lent'): containing, consisting of, or being pus.

Rap session: a planned but informal means of conveying, transmitting, or exchanging information between the leader and the members of a small group session.

Role-playing: a part assumed by or assigned to a person in a particular teaching situation for the purpose of developing sensitivity and/or knowledge in a specific area.

Sarcoptes scabiei (Sar-kop'tez ska-be-e): the itch mite of humans which produces scabies.

Sebaceous (se-ba'shus): secreting a fatty lubricating substance, sebum.

Sexual drive: sexual desire or impulse.

Sexual frustration: a condition of increased emotional tension resulting from failure to achieve sexual gratification.

Simulation: the act or process of copying, representing, imitating or feigning.

Spermicidal agent: something that is destructive to the sperm.

Stroke: a set of physical and/or mental symptoms or impairments which occur together as a result of sudden infarct to the brain.

Syphilis (sif-e-les): a contagious disease resulting in many structural and skin lesions. It is usually transmitted through sexual intercourse, or close sexual contact, from infected mother to fetus in utero, or when the mouth comes in contact with the spirochete Treponema pallidum.

Tempo: rate of motion or activity.

Theoretical effectiveness: refers to the maximum effectiveness rate of a birth control method when used perfectly, without error and exactly according to the instructions.

Thromboembolic disorder (throm'bo-em'bol-ik): obstruction of a blood vessel with a blood clot carried by the bloodstream from the site of origin to plug another vessel.

Tissue: a group of cells usually of a particular kind together with their intercellular substance that form one of the structural materials of a plant or an animal.

Treponema pallidum (Trep-o-ne'mah pah-la'de-um): the microorganism that causes syphilis.

Trichomonas vaginalis (Tri-kom'o-nas vai-i-nah-lis): the parasite of pear-shaped cells with undulating membrane, that causes trichomoniasis.

Trichomoniasis (Trik"o-mo-ni'ah-sis): an infection of the genito-urinary systems, transmitted by sexual intercourse. It is characterized in females by intense vulvar itching, pain, frequency of urination and thin, frothy, greenish-white and sometimes bubbly discharge. In males, it is characterized by occasional pain on urination and discharge from the urethra. It may be asymptomatic in both males and females.

Tumor: a swollen or distended part, is not inflammatory, arises without obvious cause from cells of pre-existent tissue and possesses no physiologic function.

Ulceration (ul-ser-a-shen): a break in skin or mucous membrane with loss of surface tissue, disintegration, death of skin tissue and often pus.

Use effectiveness: error, carelessness, misuse and/or inconsistency in following instructions, are taken into consideration when reference is made to the use effectiveness rate of a birth control method.

Uterine Abnormality: a disorder of the uterus, a uterus that deviates from the normal in terms of structure, position and/or function. (Refer to uterus.)

Uterus: the pear-shaped female organ of reproduction, commonly referred

to as the womb. The fertilized egg implants in the inner surface of the uterus.

Vagina: the female organ of reproduction that extends from the uterus to the external genitalia

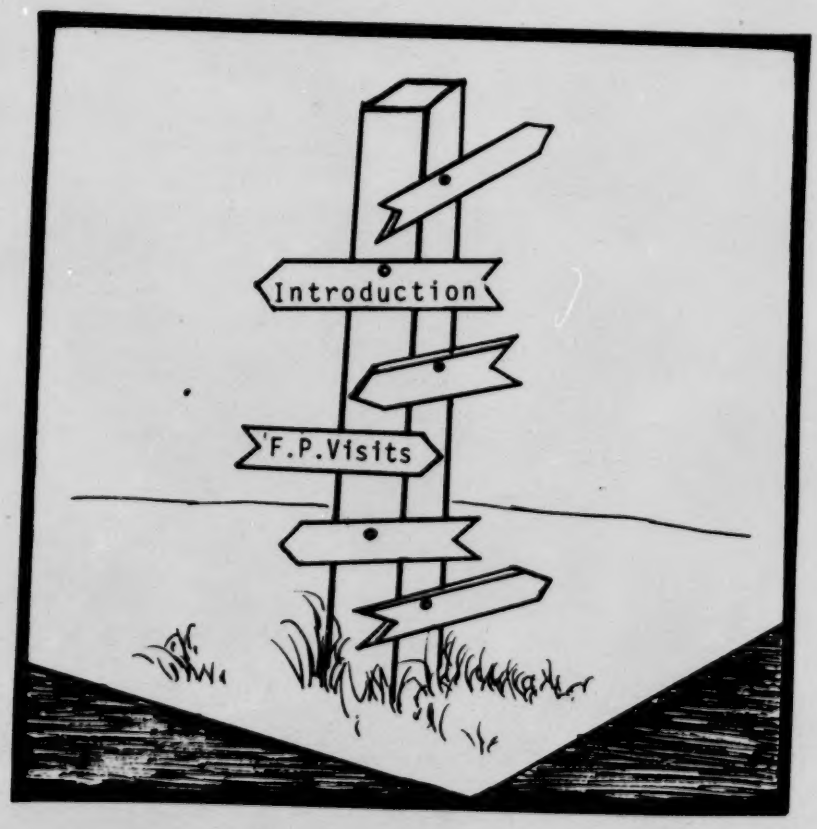
Vaginal Abnormality: a disorder of the vaginal canal. The vagina deviates from the normal in terms of structure, position and/or function.

Vascular: pertaining to blood vessels or indicative of abundant blood supply.

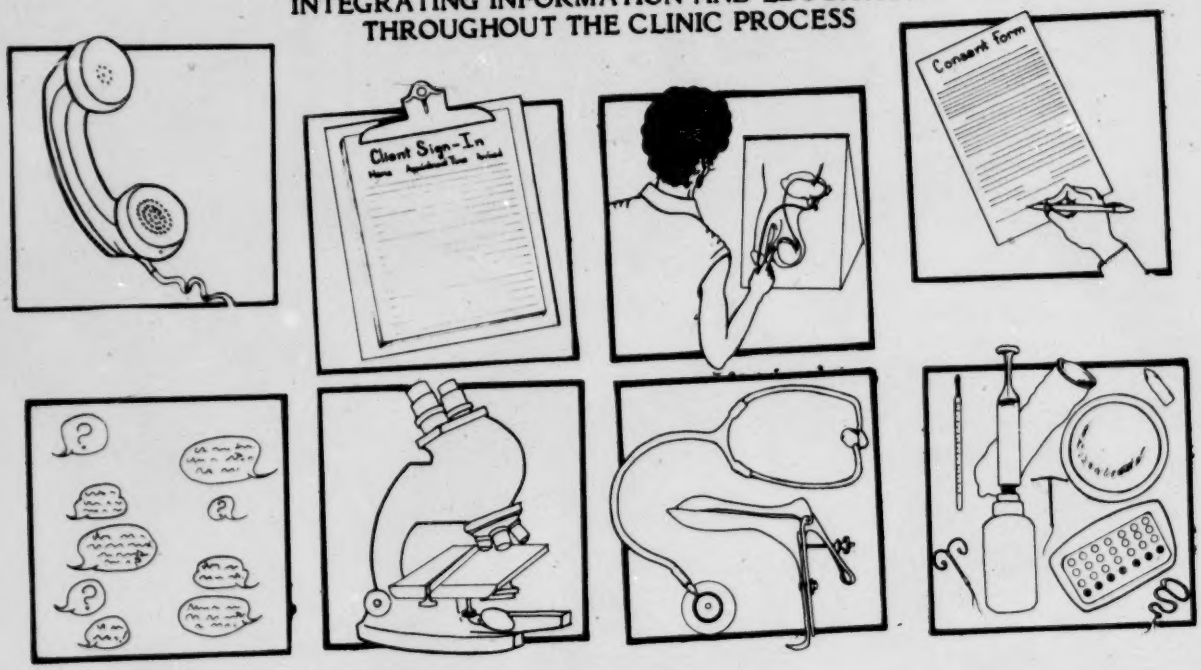
Venereal warts: skin lesions characterized by single or multiple dry skin ulcerations in a treelike structure found on the vulva, vagina, cervix or penis, and usually transmitted through sexual intercourse or close sexual contact.

Vessel: any channel for carrying a fluid such as blood.

Virus: a type of microorganism that is the causative agent in some infectious diseases. A virus may be simple, or a complex molecule that is capable of multiplication in living cells.



INTEGRATING INFORMATION AND EDUCATION THROUGHOUT THE CLINIC PROCESS



THE INITIAL VISIT

The educational components of the initial visit are the most extensive of any clinic visit. All staff members who interact with clients have impact on the learning that occurs. The objective is to ensure that staff members impact client learning in a positive way. Usually when we speak of family planning education a picture comes to mind of a group or individual session facilitated by a staff member who has client education as one of his/her primary role responsibilities.

All too often there is a tendency to see information and education as the sole territory of the "educator". And yet clients begin to develop attitudes and knowledge about the agency, staff, family planning services and methods prior to their first contact with the staff person who is viewed as the educator.

The information, suggestions, and recommendations included in this section of the Guidebook describe information and education as ongoing processes, and identify points to cover and teaching suggestions from the time clients make appointments through their exit interviews.

The individual who schedules appointments has an extremely important information-sharing function. He/she sets the tone for the client's contact with the clinic. Information vital to the client's comfort and preparation for the initial visit should be provided at the time the appointment is scheduled. Just as the appointment scheduling process has key information that should be provided, all other steps in the clinic process include information and/or education.

A sample flow chart is provided presenting a visual illustration of information and education throughout. Each agency is encouraged to either implement the sample flow chart or develop one that is more relevant to their own particular needs. For example, one agency may find it more efficient to have the education process prior to the inverview; another agency that employs a nurse practitioner may combine the interview, education, lab, and physical examination. Each agency must make its own determination; however, care should be taken not to exclude information and education when adaptations are made. Also care must be taken to ensure that the patient flow enhances client satisfaction, staff satisfaction, and is cost effective or efficient.

A true-false quiz, and a checklist entitled "What would you like to know?" are included in this section of the Guidebook to assist providers in meeting the information needs of individual clients. The checklist can be given to clients by the receptionist, asking them to check what information they want or need. The checklist can be carried by the client from one station to the next and reviewed by staff who then respond to the client's needs for information. During the exit interview those needs that have not been addressed can be met or deferred until the next visit. Literature that is provided to assist the client in meeting his/her learning needs can be recorded on the bottom section of the checklist reserved for staff comments.

The true-false quiz is designed to: assist clients and staff assess clients' knowledge levels; serve as an "ice breaker" in group education sessions; and provide clients with factual information on reproduction and family planning methods, since all items are true.

The quiz can be given to clients to complete in the reception area. Upon completion of the quiz, the interviewer or educator should provide clients with feedback on the correct answers and reasons why the answers are true. Or, clients may be asked to complete the quiz at the beginning of a group session; discussion of the correct responses can be used to stimulate further questioning and group discussion. The quiz can be used very effectively to stimulate more active participation of clients in a group education session. Some agencies may wish to use the same quiz at the end of the clinic visit to assess knowledge acquisition. From a research point of view, the quiz should not be considered as a reliable and valid instrument to measure knowledge gain. The "test wise" individual may realize half way through the test that all responses are true and therefore circle each item as true. This limitation of the quiz is outweighed by its value related to: stimulating active discussion among clients and staff; encouraging questioning by clients; and providing factual information to clients in a simple format.

A short list of client educational materials available through the National Clearinghouse for Family Planning information is included on pages. Each agency should obtain the materials listed, and expand the list to include other materials relevant to their client population.

Each staff member should assess the client's level of knowledge, and understanding of information presented; some educational needs are more effectively addressed by particular staff members. Therefore, staff members must be able to identify when clients need to be referred to other staff members for information and/or education. The PLISSIT Model described below should assist staff in determining relevant approaches.

The PLISSIT model was developed by Dr. Jack S. Annon as a way to approach questions related to sexuality. While the model was developed to assist providers working with clients who have sexual concerns, it is adaptable to family planning information and education. The PLISSIT model conceptualizes levels of intervention. The levels of approach that health workers feel competent to use depends on their training, professional preparation, agency procedures and protocols and/or their own interest in expanding their knowledge and skill.

I. Permission: Many potential problems regarding family planning services, methods, sexuality etc. can be eliminated by giving clients permission. Everyone needs to know that it is ok to ask questions; that feeling scared about the first pelvic examination is ok and normal; that it's ok to say "I don't know; that it's ok not to engage in sexual intercourse.

Permission (reassurance) is helpful in relieving anxiety over new experiences, sexual thoughts, fantasies, lack of information etc.

The provider giving permission needs to be a good non-judgmental listener, and should be familiar with typical concerns that family planning clients have where permission-giving is important. The health worker does not need detailed comprehensive knowledge of family planning technology to give permission and reassurance.

Example of Permission. Ms. Jane Gray is a 15 year old high school sophomore who feels there is something wrong with her, because she has sexual desires but doesn't want to have sexual intercourse. She states that each date ends in tears, because she can only go so far. She comes to the clinic requesting birth control pills; her two best girl friends are taking the pills. Ms. Brown, the intake worker, tells Ms. Gray that it is perfectly normal for her to have sexual desires, and it is also "ok" for her not to have sexual intercourse until she feels she is ready. Ms. Brown has given Jane permission to further discuss her concerns. She has also reassured Jane that her feelings are normal.

II. Limited Information: Sometimes clients have problems or concerns because they have limited information. At this level, the health worker provides the client with factual information directly related to his/her concern. The information may be as simple as the distribution of reading materials with explanation. Level II is particularly effective in dispelling myths and concerns about genital size, birth control methods, etc.

To give limited information, the provider should have the qualities necessary to give permission, plus some additional knowledge about sexuality and family planning.

Example of Limited Information: Mr. James, 22-year-old-blind man, comes to the family planning clinic with his wife who is requesting the diaphragm. He is unfamiliar with the female internal anatomy and is concerned that the diaphragm may get lost inside his wife. Ms. Perry gives Mr. James a plastic model of the female anatomy and helps him take it apart, feel the organs, and put it back together again. She then guides him in inserting and removing a diaphragm from the plastic model.

III. Specific Suggestions: Some concerns require the provider to make specific suggestions about how to change behavior. Level III helps a client set and reach a specific goal. In order to provide specific suggestions, the health worker must have the qualities necessary to give permission and limited information, plus be able to provide accurate and detailed information and practical suggestions. Specific suggestions must be individualized, therefore it is necessary to obtain all relevant information from the client about his/her concerns.

Example of Specific Suggestion: Ms. Gladstone and her husband have been using condoms for two years; they would like to delay pregnancy for one more year. Both partners prefer condoms to other methods, but lately Ms. Gladstone has been having pain with intercourse which she and her husband associate with the condom. Ms. Olin elicits additional information from Ms. Gladstone and finds that the pain is on insertion of the penis into the vagina. The pain usually occurs when Ms. Gladstone is not particularly in the mood for intercourse or is not aroused. The health educator advises the client to engage in foreplay before intercourse and to use contraceptive jelly as a lubricant. During the discussion Ms. Gladstone stated that usually she is asleep when her husband come home from work at midnight and before she has had time to wake up they are having sex. Ms. Olin explained the sexual response cycle and provided the client with specific suggestions.

IV. Intensive Therapy: This is a highly individualized approach. For family planning information and education IT can stand for intensive training. To enter level IV, health workers must be skilled in therapeutic counseling and communication, must be knowledgeable in all aspects of family planning, and must be skilled in education.

Example of IntensiveTherapy (Intensive Training): Ms. Jones a 16-year-old family planning client with a developmental disability has difficulty integrating new activities into her life. She has a 4 week old infant and comes to the family planning clinic for her postpartum examination and a method. After an individual education session, she decides on the IUD. Ms. Grace, the counselor asks Ms. Jones to describe what activities are routine for her. Then she begins to help Ms. Jones integrate the

checking of the IUD strings with activity of daily living. After detailed assessment of activities it is determined that the checking of her IUD string can be habituated to her daily shower. Ms. Grace developed a plan that included the following components:

1. practice in touching genitals to increase comfort. Ms. Jones was reassured that touching is ok.

2. Simple concrete information on the IUD, where it is placed and what signs and symptoms to report. The client was allowed to visualize an IUD in a model. Prior to this visualization she had no concept of where the IUD went.

3. Checking IUD string daily. Ms. Jones was guided in the checking of her IUD strings several time during the clinic visit.

4. Reinforcement at return visit scheduled for one week later.

The PLISSIT model can be utilized by health workers to identify the client's level of concern and the health worker's ability to address the concerns or information/education needs of family planning clients throughout the clinic process.

Sample flowcharts for the initial visit are included on the following pages. Each agency is encouraged to review the flowcharts and make adaptations as necessary.

The Initial Family Planning Visit

Sample Flowchart for Individual Education

BEGIN HERE

PRE-ENTRY PROCESS

Points to cover:

- Reason for visit
- Appointment date and time; location address and telephone number
- Cost of services, if applicable
- Telephone number to cancel appointment if necessary
- Parking instructions or bus routes, as indicated
- Invite partner participation.
- Ask client to bring medication, pills, medicaid card, and dates of last two periods, etc.
- Instruct client not to douche or use feminine hygiene products.
- Ask client to write down questions and bring to the clinic.
- If client wants an IUD, schedule accordingly.

Attitudes to be conveyed:

- Be warm and pleasant.
- Be responsive to client's questions.

RECEPTION PROCESS

Points to cover:

- How to complete forms?
- Listing of clinic services, days, hours and telephone number
- Handout listing family planning consumer rights
- General consent form
- Client completes quiz and "What would you like to know?" form.

Attitudes to be conveyed:

- Be warm and pleasant.
- Avoid being distracted.
- Avoid appearing disinterested.

INTERVIEW PROCESS

Points to cover:

- Clinic procedures to be performed
- What is informed consent?
- Complete appropriate forms and explain each form.
- Alert client if possible contraindications exist.

Attitudes to be conveyed:

- Be warm and pleasant.
- Be open to client's questions.
- Be considerate of client's rights.
- Be sensitive.

LABORATORY PROCESS

Points to cover:

- Laboratory procedures
- How and when laboratory results may be obtained?
- Accuracy of lab tests

Attitudes to be conveyed:

- Encourage questions.
- Be warm and patient.
- Reinforce confidentiality.

CLIENT SIGNS METHOD CONSENT

EDUCATION PROCESS

Points to cover:

- Family planning philosophy
- Benefits of family planning
- Human sexuality and sexual intercourse
- Male and female reproductive anatomy and physiology
- Birth control methods
- Breast self-examination
- Sexually-transmitted diseases and vaginal infections

Attitudes to be conveyed:

- Be warm and pleasant.
- Be committed to provide thorough information.
- Avoid disinterested facial and body expressions.
- Be respectful of client's rights.
- Be confident and knowledgeable.

CLIENT RECEIVES METHOD

Points to cover:

- Inform and educate client about chosen method.

Attitudes to be conveyed:

- Be sensitive to client's anxieties.
- Be patient.
- Support and reassure clients.
- Reinforce confidentiality.

PHYSICAL EXAMINATION

Points to cover:

- Describe the physical exam.
- Describe the pelvic exam.
- Describe the breast self-examination.

EXIT INTERVIEW

Points to cover:

- Additional information and/or education
- Importance of keeping appointment
- Clinic services, days, hours and telephone number
- Emergency services, address and telephone number
- Review "What would you like to know?" form.
- Review quiz.
- Provide client with printed material appropriate to his/her needs.

Attitudes to be conveyed:

- Encourage questions.
- Be warm and patient.
- Reinforce confidentiality.

The Initial Family Planning Visit

Sample Flowchart for Group Education

BEGIN HERE

PRE-ENTRY PROCESS

Points to cover:

- Reason for visit
- Appointment date and time; also location address and telephone number of clinics
- Cost of service, if applicable
- Telephone number to cancel appointment if necessary
- Parking instructions or bus routes, if indicated
- Invite partner participation in the clinic process.
- Ask client to bring medication, pills, medicaid card, and dates of last 2 periods.
- Instruct client not to douche or use feminine hygiene products.
- Ask client to write down questions.
- If client wants an IUD, schedule accordingly.

Attitudes to be conveyed:

- Be warm and pleasant.
- Be responsive to client's questions.

RECEPTION PROCESS

Points to cover:

- How to complete forms?
- Listing of clinic services, days, hours and telephone number
- Handout listing family planning consumer rights
- General consent form
- Client completes quiz and "What would you like to know?" form.

Attitudes to be conveyed:

- Be warm and pleasant.
- Avoid being distracted.
- Avoid appearing disinterested.

EDUCATION PROCESS

Points to cover:

- Family planning philosophy
- Benefits of family planning
- Human sexuality and sexual intercourse
- Male and female reproductive anatomy and physiology
- Birth control methods
- Breast self-examination
- Sexually transmitted diseases and vaginal infections

Attitudes to be conveyed:

- Be warm and pleasant.
- Be committed to provide thorough information.
- Avoid disinterested facial and body expressions.
- Be respectful of client's rights.
- Be confident and knowledgeable.

½ of group

LABORATORY PROCESS

Points to cover:

- Laboratory procedures
- How and when laboratory results may be obtained?
- Accuracy of lab tests

Attitudes to be conveyed:

- Encourage questions.
- Be warm and patient.
- Reinforce confidentiality.

½ of group

INTERVIEW PROCESS

Points to cover:

- Clinic procedures to be performed
- What is informed consent?
- Complete appropriate forms and explain each form.
- Alert client if possible contraindications exist.

Attitudes to be conveyed:

- Be warm and pleasant.
- Be open to client's questions.
- Be considerate of client's rights.
- Be sensitive.

CLIENT SIGNS METHOD-CONSENT

PHYSICAL EXAMINATION

Points to cover:

- Describe the physical exam.
- Describe the pelvic exam.
- Describe the breast self-examination.

CLIENT RECEIVES METHOD

Points to cover:

- Inform and educate client about chosen method.

Attitudes to be conveyed:

- Be sensitive to client's anxieties
- Be patient.
- Support and reassure client.
- Reinforce confidentiality.

EXIT INTERVIEW

Points to cover:

- Additional information and/or education.
- Importance of keeping appointment
- Clinic services, days, hours and telephone number
- Emergency services, address and telephone number
- Review "What would you like to know?" form.
- Review quiz.
- Provide client with printed materials appropriate to his/her needs.

Attitudes to be conveyed:

- Encourage questions.
- Be warm and patient.
- Reinforce confidentiality.

THE INITIAL VISIT

CLIENT NAME: _____ CLIENT ID#: _____ DATE: _____

WHAT WOULD YOU LIKE TO KNOW?

I WOULD LIKE TO KNOW ABOUT	STAFF SIGNATURES
☐ Why family planning is important to my health	
☐ My right to full information and free choice	
☐ What this clinic can do for me	
☐ How family planning can help me find other needed services	
☐ Birth control foam, creams, jellies and suppositories	
☐ Birth control pills	
☐ Condoms or rubbers	
☐ Diaphragm	
☐ IUDs or intrauterine devices	
☐ Sterilization operations for men	
☐ Sterilization operations for women or tubal ligations	
☐ The natural method that teaches how to identify the days of the month when pregnancy is likely to occur	
☐ Withdrawal or pulling out	
☐ Monthly periods	
☐ Pregnancy	
☐ Pregnancy tests	
☐ Who I can talk to when pregnancy creates problems for me or my family	
☐ Making personal choices about having sex	
☐ Facts about sex	
☐ V.D. and other diseases	
☐ Anemia or low blood	
☐ Pap tests-and why they are important	
☐ How to check my breasts	
☐ How to keep from getting 3-day measles	
☐ High blood pressure	
☐ How to talk to my child or children about sex	
☐ Other	

STAFF COMMENTS:

NOMBRE DEL PACIENTE: _____ NUMERO DEL PACIENTE: _____ FECHA: _____

¿DE QUE COSAS LE GUSTARIA INFORMASE?

ME GUSTARIA OBTENER INFORMACION ACERCA DE:	FIRMA DEL PERSONAL
☐ ¿Porque´es la planificación familiar importante para mi salud? ☐ Mi derecho a tener información acerca de los métodos anticonceptivos y a elegir libremente entre ellos ☐ Los servicios que ésta clínica me puede ofrecer ☐ ¿Cómo la clínica de planificación familiar puede ayudarme a encontrar otros servicios que necesito? ☐ Espumas, cremas, jaleas y supositorios anticonceptivos ☐ Pastillas anticonceptivas ☐ Condones, preservativos o hules ☐ Diafragma ☐ DIU, aparato o anillo ☐ Esterilización para hombres ☐ Esterilización para mujeres o ligamento de los tubos ☐ El método natural que enseña como identificar los días del mes en que la posibilidad de salir encinta es mayor ☐ Interrupción del coito o retirada ☐ La menstruación ☐ ¿Cómo salir encinta o embarazada? ☐ Examen de embarazo ☐ ¿Con quien puedo discutir los problemas que se puedan presentar para mí o mí familia en caso de un embarazo? ☐ ¿Cómo tomar decisiones por mi misma acerca de tener o no relaciones sexuales? ☐ Información acerca de las relaciones sexuales ☐ Sensaciones personales acerca de las relaciones sexuales ☐ Enfermedades venéreas y otras infecciones ☐ Anemia o falta de hierro en la sangre ☐ Prueba Pap del cáncer y cual es su importancia ☐ ¿Cómo examinarme los senos? ☐ ¿Cómo evitar el contraer el sarampión de 3-días o la Rubeola? ☐ Presión alta de la sangre ☐ ¿Cómo hablar con mi niño o niños acerca de asuntos sexuales? ☐ Otra información	

COMENTARIOS DEL PERSONAL:

QUIZ

This quiz will help us to do a better job answering your questions. Please circle the best response to each statement. If you do not know the answer, circle "not sure".

1.	The only time a woman can become pregnant is just after an egg is released from the ovary.	True	False	Not Sure
2.	A woman can become pregnant the first time she has sexual intercourse.	True	False	Not Sure
3.	A woman can become pregnant if she has sexual intercourse during her monthly period.	True	False	Not Sure
4.	A teenager can become pregnant just as soon as she starts having menstrual periods.	True	False	Not Sure
5.	A birth control method will protect you only if directions are followed exactly.	True	False	Not Sure
6.	The only sure way to prevent pregnancy is to avoid having sexual intercourse.	True	False	Not Sure
7.	A woman who only takes her birth control pills when she is having sexual intercourse is using her pills the wrong way.	True	False	Not Sure
8.	A woman who takes birth control pills needs to use a second method of birth control when she first starts on her pills.	True	False	Not Sure
9.	An IUD can come out without a person knowing it.	True	False	Not Sure
10.	Once a woman has an IUD inserted, the main thing she has to remember is to check the IUD string.	True	False	Not Sure
11.	A diaphragm is a rubber cup which fits inside the vagina and is used with a sperm killing cream or jelly.	True	False	Not Sure
12.	A diaghragm should be left in place for six to eight hours following sexual intercourse.	True	False	Not Sure
13.	Condoms or rubbers fit over the man's penis and keep semen from getting into the woman's vagina.	True	False	Not Sure
14.	The condom should be put on the man's penis before the penis enters the woman's vagina.	True	False	Not Sure
15	Birth control foam works by killing sperm.	True	False	Not Sure
16.	Foam should be left in place for 8 hours after sexual intercourse.	True	False	Not Sure
17.	A woman may become pregnant even if a man pulls his penis out before he ejaculates or comes.	True	False	Not Sure
18.	A tubal ligation should be considered a permanent method of birth control for a woman.	True	False	Not Sure
19.	Male sterilization or vasectomy should be considered a permanent method of birth control for men.	True	False	Not Sure
20.	Natural family planning involves learning the woman's body signs well enough to know the time of the month when pregnancy is likely to occur.	True	False	Not Sure

PRUEBA

Esta prueba nos ayudará a responder mejor a sus preguntas. Por favor trace un círculo alrededor de la respuesta correcta. Si no sabe la respuesta, marque no estoy segura.

1.	La única vez que una mujer puede salir embarazada es justo después de que el óvulo o huevo es expulsado del ovario.	Correcto	Falso	No Estoy Segura
2.	Una mujer puede salir embarazada la primera vez que tiene relaciones sexuales.	Correcto	Falso	No Estoy Segura
3.	Una mujer puede salir embarazada si tiene relaciones sexuales durante su menstruación.	Correcto	Falso	No Estoy Segura
4.	Una adolescente puede salir embarazada tan pronto como empiece a menstruar.	Correcto	Falso	No Estoy Segura
5.	Un método anticonceptivo solo le protegerá si usted sigue exactamente las indicaciones para su uso.	Correcto	Falso	No Estoy Segura
6.	La única forma segura de prevenir el embarazo es el evitar tener relaciones sexuales.	Correcto	Falso	No Estoy Segura
7.	Una mujer que toma las pastillas anticonceptivas únicamente cuando tiene relaciones sexuales está usando el método mal.	Correcto	Falso	No Estoy Segura
8.	Las mujeres que empiezan a tomar pastillas anticonceptivas deberán usar durante el primer mes un segundo método anticonceptivo.	Correcto	Falso	No Estoy Segura
9.	El anillo o DIU puede salirse sin que la mujer se dé cuenta.	Correcto	Falso	No Estoy Segura
10.	Una vez que la mujer recibe el anillo o DIU lo más importante para recordar es revisar el hilo.	Correcto	Falso	No Estoy Segura
11.	El diafragma es una copa de goma flexible que se coloca dentro de la vagina junto con una crema o jalea que destruye a los espermas en el semen.	Correcto	Falso	No Estoy Segura
12.	El diafragma debe mantenerse en su lugar de seis a ocho horas despues de las relaciones sexuales.	Correcto	Falso	No Estoy Segura
13.	Los condones o preservativos son fundas de goma que cubren el pene del hombre evitando así que el semen entre en la vagina de la mujer.	Correcto	Falso	No Estoy Segura
14.	El condón debe ponerse en el pene del hombre antes de que penetre en la vagina de la mujer.	Correcto	Falso	No Estoy Segura
15.	La función de la espuma anticonceptiva es la de matar al esperma una vez que el semen del hombre está en la vagina de la mujer.	Correcto	Falso	No Estoy Segura
16.	La espuma se debe dejar en la vagina por 8 horas despues de terminar las relaciones sexuales.	Correcto	Falso	No Estoy Segura
17.	Una mujer puede salir embarazada aún si el hombre retira o saca su pene antes de que la eyaculación ocurra o de que se venga.	Correcto	Falso	No Estoy Segura
18.	El ligamento de los tubos debe ser considerado como un método anticonceptivo permanente para la mujer.	Correcto	Falso	No Estoy Segura
19.	La esterilizacion masculina o vasectomía debe ser considerada un método anticonceptivo permanente para el hombre.	Correcto	Falso	No Estoy Segura
20.	El método natural del control de la natalidad, consiste en aprender a identificar los cambios que suceden en el cuerpo de la mujer ciertos días del mes, en los que la posibilidad de salir encita es mayor.	Correcto	Falso	No Estoy Segura

INITIAL FAMILY PLANNING VISIT

PRE-ENTRY PROCESS

(APPOINTMENT SCHEDULING)

TITLE X GUIDELINE: Facilities and trained personnel should be available at times convenient to those seeking services, e.g., in addition to daytime hours, facilities should have evening and weekend hours for working people and students.

Personnel should be selected with due regard for ability to relate warmly and respectfully to the population being served.

STAFF: The health worker facilitating this process may be the receptionist, community health worker, nurse, intake worker, etc., depending on the needs and resources of the clinic. The person facilitating this process should have information available on clinic services, schedule of special clinics and cost of services to client, if applicable to clinic.

LEARNING OBJECTIVES: By the end of the appointment scheduling process, the client will be able to:

- State appointment date and time, clinic location, address and phone number.

POINTS TO COVER	TEACHING SUGGESTIONS
O Determine reason for visit.	O Attitudes to be Conveyed:
O Inform client of scheduled appointment date and time, also provide location address and telephone number of clinic.	*Be warm and be pleasant, avoid being hurried, rushed or impatient.*
O Clients should be given an estimate of the time they will spend in the clinic.	*Be responsive to the questions of the client, answer all questions as best you can.*
O Inform client of the cost of services, if applicable.	*If you don't know the answer to a question, ask a co-worker.*
O Provide client with a telephone number to cancel appointment if necessary.	O Materials and Resources:
O Provide specific parking instructions and bus routes if indicated.	*Appointment book*
O Invite clients to have partners accompany them to the clinic and participate in the clinic process.	*Pen or pencil*

POINTS TO COVER	TEACHING SUGGESTIONS
O Tell clients to bring medications, pill packets, medicaid card, dates of last two menstrual periods.	*Schedule of special clinics, i.e., male, teen and couple clinic*
O Instruct clients not to douche or use feminine hygiene products within 24 hours of scheduled appointment.	*List of clinic services*
O Ask clients to write down their questions and bring them to the clinic.	O Educational Methods:
O If client wants an IUD, schedule according to agency policy, e.g., during her menstrual period.	*Individual instructions*
O Questions That You Should Be Prepared to Answer:	*Use the language spoken by the client.*
"Do you have someone who speaks _____?"	*Use clear and simple language.*
"How long will I be there?"	*Encourage questions.*
"Will I have to have an exam?"	O Special Considerations:
"Should I bring my pills?"	*Teen clients should have appointments scheduled at a time which is convenient to them, i.e., after school or Saturdays.*
"Can I get a method today?"	*If child care services are available, find out if the clients need child care.*
O Your Agency's Answers:	*Ask client if he/she has a special need that the staff should be aware of, i.e., the need for an interpretor, wheelchair.*
	If an interpreter is available, inform client, otherwise ask the client to bring someone who is fluent in the client's primary language and English.
	Inform other staff members of the special needs of the client so that arrangements can be made to facilitate the client's visit.

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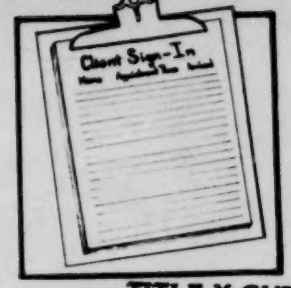

INITIAL FAMILY PLANNING VISIT

RECEPTION PROCESS

TITLE X GUIDELINE: The privacy and confidentiality of the client must be protected at all times. Personnel should be selected with due regard for ability to relate warmly and respectfully to the population being served.

STAFF: The health worker facilitating this process may be the social worker, nurse, medical assistant, volunteer, etc., depending on the needs and resources of the clinic. The person facilitating this process should be able to assist clients with completing appropriate forms.

LEARNING OBJECTIVES: Upon completion of the reception process, the client will be able to:

- Complete appropriate clinic informational forms: general consent for services, financial statement, etc.
- Identify the clinic's services, days, hours and telephone number.

POINTS TO COVER	TEACHING SUGGESTIONS
O Explain to client how to complete forms or appropriate sections of forms, i.e. medical history forms, financial statement, consent form, "What would you like to know?" form, and quiz, etc.	O Attitudes to be Conveyed:
O Give client a handout listing clinic services, days, hours, and telephone number.	*Be warm and be pleasant when receiving clients into the clinic.*
O Give client a handout listing family planning consumer rights.	*Avoid your being distracted from the client by other activities.*
O Client signs the general consent form for service (if your agency uses one).	*Avoid presenting a disinterested facial expression or body posture.*
O Tell client where he/she should go next, or where to wait.	*Avoid appearing hurried or rushed.*
O Questions That You Should Be Prepared to Answer:	*Be patient when talking to clients.*
"How long will I be here?"	*Avoid being impatient or annoyed.*
"Do you have a female physician/clinician?"	O Materials and Resources:
"Can my partner come into the exam room with me?"	*Forms used during initial visit*
Is Dr. _____ here today?"	

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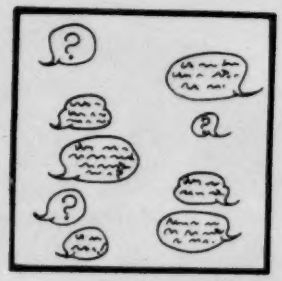
POINTS TO COVER	TEACHING SUGGESTIONS
O Your Agency's Answers:	*Ballpoint pen (All legal documents should be completed in ink.)*
	Give out pamphlets, brochures, handouts or wallet size cards which list clinic services, days, hours and telephone number.
	Posters listing clinic services, days, hours and telephone number
	Handouts which list the family planning consumer rights
	Posters depicting confidentiality, posters listing languages spoken by agency personnel
	O Education Methods:
	Individual instructions
	Manipulate the reception environment by placing posters/pamphlets in strategic places, and using colors that attract the client's attention.
	Avoid using decor that is too "feminine"; men may not find the environment comfortable.
	O Special Considerations:
	All the clients need their confidentiality and privacy protected.
	Adequate spacing, seating, etc., should be provided.
	All clients will need printed materials and posted information which is appropriate to their reading level and language needs.



INITIAL FAMILY PLANNING VISIT

INTERVIEW PROCESS

TITLE X GUIDELINE: A voluntary informed consent must be obtained from the client before prescribing or administering contraceptives. Privacy must be provided during the interview process.

STAFF: The health worker facilitating this process may be the nurse, social worker, health educator, counselor, etc., depending on the needs and resources of the individual clinic.

LEARNING OBJECTIVES: By the end of the interview process, the client will be able to:

- O Describe what clinic procedures are performed during the initial visit.
- O Discuss the purpose and function of informed consent.

POINTS TO COVER	TEACHING SUGGESTIONS
O Determine reason for visit and make chart notation. O Explain what clinic procedures will be performed during the initial visit, i.e., birth control education session, lab, exam, financial screening, etc. O Explain what informed consent means. O Complete appropriate forms and explain each form. O Alert client if possible contraindications are encountered. O Inform client that the birth control education, in a group or with the interviewer, is important to informed consent, and that he/she must be knowledgeable of methods before a consent is signed. O Questions That You Should be Prepared to Answer. "Do I have to have a pelvic exam?" "Do I have to have my blood drawn?" "Do I have to have a Pap smear if I had one at another clinic?"	O Attitudes to be conveyed: *Be warm and pleasant, avoid being rude or impatient.* *Be open to client's questions and answer to the best of your ability.* *Be considerate of client's rights when explaining informed consent and clinic procedures.* *Be sensitive towards those clients with special needs.* *Reinforce client's privacy and confidentiality rights.* O Materials and Resources: *Appropriate forms and a clipboard* *Ballpoint pen (All legal documents should always be signed in ink.)*

POINTS TO COVER	TEACHING SUGGESTIONS
"Do I have to go through the education session if I know what method I want?" "Do I need my parents consent to get a birth control method?" O Your Agency's Answers:	*Educational packets containing pamphlets, handouts or brochures on clinic services, breast self-examination (BSE) and all benefits of family planning* O Education Methods and Strategies: *Individual instruction* *The person who facilitates this process should provide clients with an educational packet containing information concerning all clinic services, pelvic exam, breast self-examination, birth control method. The quiz and checklist should be reviewed with the client.* *Instruct the client to take educational packet with them.* *Encourage questions from the client.* O Special Considerations: *Record any special considerations which the staff needs to be aware of.* *Feedback should be obtained from all clients regarding their understanding of informed consent and why it is important.* *Informed consent and all other pertinent legal documents should be signed in ink.*

INITIAL FAMILY PLANNING VISIT

LABORATORY PROCESS

TITLE X GUIDELINES: Every effort should be made to assure that any laboratory tests performed either by or for the clinic are of the highest quality. If any of the laboratory studies listed have been performed within three (3) months at another facility and results are available, they need not be repeated unless medically indicated. The exception is cultures for Neisseria gonorrhoeae.

Initial laboratory services shall include the following: hemoglobin or hematocrit; urinalysis for sugar and protein; Pap smear taken at the time of the pelvic exam when appropriate; culture for N. gonorrhea from endocervix and rectum if indicated; serologic test for syphilis when appropriate; pregnancy test, if indicated.

STAFFING: The health workers performing the laboratory procedure should be adequately trained for their tasks and be knowledgeable about the procedures being performed. The information and education may be provided by another health worker, either during the lab process or during another clinic process.

LEARNING OBJECTIVES: Upon completion of the laboratory process, the client should be able to:

- Name at least two routine laboratory tests performed during the initial visit.
- State where, when, and how laboratory results may be obtained.

POINTS TO COVER	TEACHING SUGGESTIONS
O Inform and educate clients about laboratory procedures to be performed during the initial visit. o Hemoglobin or Hematocrit - A simple blood test that is done to determine if there are adequate red blood cells. A screening test for anemia. o Urinalysis for sugar and protein - A sample of urine is tested to determine if there is sugar or protein present. A screening test for diabetes and kidney disease. o Pap smear - A screening test for cancer and infections of the vagina and mouth of the womb or cervix.	O Attitudes to be Conveyed *Be warm, pleasant and open to questions.* *Provide reassurance about the laboratory procedures to be performed.* *Be understanding of anxieties related to laboratory procedure.* O Materials and Resources: *Pamphlets, brochures, and handouts explaining lab procedures to be performed*

POINTS TO COVER	TEACHING SUGGESTIONS

A specimen is collected during the pelvic exam by gently scraping cells from the mouth of the womb.

- o Culture for gonorrhea - Frequently called GC culture. A specimen is collected during the pelvic exam by swabbing the mouth of the womb and rectum if indicated. The test is done to determine if you have a VD called gonorrhea. Frequently this disease causes no symptoms and many people have it without knowing. Therefore, it is an important screening test.

- o Serologic test for syphilis - A blood sample is taken. This test is done to determine if you have a VD called syphilis. The initial signs of the disease may go unnoticed.

- o Pregnancy test - Explanation depends on the specific test used by the agency.

O Explain how laboratory results may be obtained.

- o By mail
- o By telephone
- o In person

O Explain how long the client will need to wait for results.

- o Same day
- o Other

O Explain accuracy of lab tests, especially pregnancy test.

- o Reasons for false positives
- o Reasons for false negatives

O Educational Methods and Strategies

Individual Instructions

Explain all lab procedures clearly in lay terms and in the client's primary language.

Encourage questions. Utilize demonstration to assist clients as needed.

O Special Considerations

Individuals with visual impairments, physical disabilities, or developmental disabilities may need assistance in collecting the urine specimen.

Clients in wheelchairs will need a lavatory with rails and wider doors.

Clients with visual impairments should be allowed to feel the pap smear scraper and swab.

Clients with hearing impairment should have the procedures explained by someone fluent in sign language.

Reinforce confidentiality.

Protect confidentiality of clients, when providing results on the phone. Be sure you are speaking to the client.

POINTS TO COVER	TEACHING SUGGESTIONS

- Questions That You Should Be Prepared to Answer:

  "Will it hurt?"

  "Do I really need to have another test?"

  "Can you tell if I have a disease?"

  "When will you know the results?"

  "Will anyone else know?"

  "Will you tell my _____?"

- Your Agency's Answer:

INITIAL FAMILY PLANNING VISIT

EDUCATION PROCESS

TITLE X GUIDELINE: At the first visit, before selection of a contraceptive method and prior to the physical exam (in most instances), the patient should be given information regarding: 1) The reasons why family planning is important for the maintenance of individual and family health; 2) basic information on female and male reproductive anatomy and physiology; 3) contraceptive methods - temporary and permanent; and 4) specific factors concerning any method's safety (potential side effects or complications), effectiveness, acceptability to patient and partner, and correct usage.

STAFFING: The health worker conducting the educational session may be the social worker, nurse, counselor, health educator, volunteer, etc., depending on the needs and resources of the individual clinic.

LEARNING OBJECTIVES: By the end of the group or individual birth control education session, the client will be able to:

- O Explain how pregnancy occurs.
- O Name at least two (2) birth control methods; discuss how each method works; how effective the method is; and what major and minor problems are associated with the method.

POINTS TO COVER	TEACHING SUGGESTIONS
O Inform and educate client(s) about family planning philosophy. o Individuals have a right to decide the number of children they want to have. o Individuals need information on all methods of birth control to determine what methods are available to them. o Family planning agencies can assist individuals who do not want to become pregnant, and those individuals who want to become pregnant. o Informed consent must be obtained from each individual who requests a method of birth control.	O Attitudes to be conveyed: *Be warm and be pleasant when greeting and receiving clients.* *Avoid facial or body expressions which show disinterest or boredom.* *Be committed to providing thorough information which will assist the person to provide "informed consent."* *Be respectful of client's family planning rights, avoid "talking down."*

POINTS TO COVER

O Inform and educate client(s) about the benefits of family planning.

- o Proper spacing and timing of children enhances the health and well being of the father, mother and child.
- o Removing fear of pregnancy may improve sexual relations.
- o Allows individuals to have children when they are psychologically ready to have them.

O Questions That You Should Be Prepared to Answer:

"Why should I use a birth control method?"

"Is birth control genocide?"

O Your Agency's Answers:

O Inform and educate client(s) about human sexuality and sexual intercourse.

- o Sexuality is not the same as sex. Sexuality combines all the physical, emotional, intellectual and social aspects of an individual's personality which express maleness or femaleness.
- o Sex and the use of birth control have something in common: It goes better when partners communicate.
- o We can help you with your sexual concerns. Ask the counselor or clinician.

TEACHING SUGGESTIONS

Be confident and knowledgeable about: all methods of birth control; diseases which are sexually transmitted; breast self-examination. Know what you are talking about.

Be sensitive to the client who makes known particular personal concerns, avoid ignoring concerns or indicating that the concern is not important.

Be patient with the client when explaining the content information, avoid appearing disgusted or frustrated.

Be honest. If the answer to a question is not known to you, be willing to say, "I don't know, but I'll find out."

O General Considerations

Individuals with developmental disabilities may require one-to-one education or a group session with other individuals with similar learning needs.

Individuals who are not fluent in English will need the education session conducted in their primary language.

Individuals with mobility impairments may need information tailored to their needs, since they may need to experiment with various coital positions and other sexual options.

POINTS TO COVER	TEACHING SUGGESTIONS
O Questions That You Should Be Prepared to Answer: "If I have questions, can someone here answer them?" "How do you know when you have an orgasm?" O Your Agency's Answers:	*Men clients may prefer a separate group limited to men and facilitated by a man, at a time convenient for them.* *Teen clients may prefer a separate group limited to teens, facilitated by a teen, and conducted at a time convenient for them, such as after school. The session should be brief, perhaps 30 minutes or so.* O Materials and Resources *Poster consisting of large type listing family planning philosophy and benefits, which remains visible to all clients during the entire education session* *Handout listing the family planning benefits and philosophy* *Handout on the "BRAIDED" model of informed consent* *Sample of all methods for illustration or demonstration* *Referral listing of community agencies offering sexual counseling by expert counselors should be available.* *The room should be comfortable and well lighted.*
O Inform and educate client(s) on male and female reproductive anatomy and physiology. o The male reproductive organs are located in the pelvic or groin area. o The external sex organs of the male are the penis and the scrotum. The internal sex organs are the testes, which produce sperm, and the epididymis, vas deferens, seminal vesicles, prostate, ejaculatory ducts, cowper's gland and urethra. o The size, shape, and color of the penis and scrotum will vary from individual to individual. o A man's fertility is continuous and usually not cyclic. o The female reproductive organs, the vaginal canal, uterus, fallopian tubes and ovaries, are located within the pelvic region.	

- o The vagina is the organ which receives the man's penis during sexual intercourse. The vagina also serves as the birth canal during the delivery of a baby.
- o The normal vagina can change sizes to accommodate the penis, or an infant's head.
- o The ovaries are the organs which produce the woman's eggs or ova.
- o The fallopian tubes transport the egg.
- o The external sex organs of the female are called the vulva.
- o The vulva consists of the outer lips and the inner lips, the clitoris, urethra, and vaginal opening.
- o The size, shape and color of the vulva will vary from individual to individual.
- o A woman's fertility is cyclic. Women are only fertile around the time of ovulation.

O Questions That You Should Be Prepared to Answer:

"Can anything get lost in the vagina?"

O Your Agency's Answers:

O Educational Methods:

Group or individual session with visual aids

Encourage questions.

Ask clients to write down questions.

O Special Considerations:

Content information on physiology and benefits of family planning should be provided to all clients regardless of income level, educational level, cultural or ethnic background, age, physical or mental capacities.

Clients who express particular sexual concerns and desire additional counseling services should be provided at least two community resources that offer sexual counseling by trained counselors.

Posters as well as flipcharts with organs illustrated simply and preferably in different colors should be used with clients who have low reading skill. (Flipcharts are available with the narrative accompanying the illustrations. Posters as well as flipcharts should remain visible to client(s) during the entire educational session.)

A handout covering the materials that are presented should be available for clients, if desired.

POINTS TO COVER	TEACHING SUGGESTIONS

O Explain to client(s) how pregnancy occurs in the human body.

- o Pregnancy occurs through the act of sexual intercourse, when a man places his penis inside the women's vagina.
- o During sexual intercourse sperm from the man's penis are ejaculated into the woman's vagina.
- o Occasionally, pregnancy might occur when a man ejaculates near the opening to the woman's vagina, even if they do not have sexual intercourse.
- o Pregnancy can occur only one time in each cycle; the time when a ripe egg is in the fallopian tube.
- o The sperm must swim through the opening of the uterus and into the fallopian tube.
- o If the sperm and egg meet in the fallopian tube, the sperm penetrates the egg and fertilizaiton of the egg occurs.
- o The fertilized egg travels back down the fallopian tube to the uterus.
- o The fertilized egg implants itself into the lining of the uterus where it is nourished and develops.

O Questions That You Should Be Prepared to Answer:

"Can a woman get pregnant during her period?"

"Can you get pregnant the first time you have sexual intercourse?"

16mm film or video-tape player may be utilized in conjunction with groups or in individual discussion. (Film and cassettes should be previewed prior to use.)

Anatomical models of the male and female reproductive organs can be utilized for illustration, or a crude model can be constructed using: walnuts as ovaries, strings for fallopian tubes, pear for the uterus and an empty toilet tissue roll for the vagina.

Tactile anatomical models, pictures and charts in Braille, as well as audiotapes should be utilized for individuals who have severe visual impairment.

Specially printed and colored charts or diagrams may need to be utilized for individuals with significant developmental disabilities.

Highly visual or captioned films should be utilized with persons who have severe hearing impairment.

Myths concerning pregnancy should be explored, especially with teens.

POINTS TO COVER	TEACHING SUGGESTIONS

- Your Agency's Answer:

- Inform and educate client(s) about prescription methods of birth control.

  - THE DIAPHRAGM AND SPERMICIDAL CREAM OR JELLY

    The diaphragm is a dome shaped rubber cup with a flexible spring rim. To be effective, it must be used with a sperm-killing cream or jelly. The diaphragm with cream or jelly is inserted prior to intercourse and fits over the cervix, holding the sperm-killing cream in place.

    Handouts on the diaphragm

    Filmstrip on the diaphragm may be viewed by the patient(s).

    Diaphragm exhibit with inserter (Exhibit should include several varieties and sizes of diaphragm, not fitting rings.)

    Spermicidal creams and jellies exhibit (Exhibit should include different brands and applicators.)

  - How does the diaphragm work?

    The diaphragm holds the sperm-killing cream or jelly close to the cervix, blocking the opening; so it prevents sperm from entering the uterus. The sperm-killing cream or jelly kills sperm that travel around the rim of the diaphragm.

    Poster with large type listing each method and its theoretical and actual use effectiveness rate should be visible to clients during the entire session.

    Omni handviewer and cassette is particularly useful for clients with hearing impairments.

  - How effective is the diaphragm?*

    The diaphragm is 97% effective if used correctly each time, and if it is not torn.

    The diaphragm is 83% effective when all users, careful and careless, are considered together.

* Hatcher, R. A., et al., Contraceptive Technology, New York, Irvington Publishers Inc., 1980.

POINTS TO COVER	TEACHING SUGGESTIONS

- What are the advantages of the diaphragm?

  Poses no major health problems.

  Can be highly effective if used properly.

  Need not interrupt lovemaking.

  Can be inserted by the partner and incorporated into foreplay.

  Can be used during period to slow the flow of blood.

- Minor problems

  Allergic reaction or irritation caused by rubber or by sperm-killing cream

  Cystitis (bladder problems)

- Major problems:

  None

- People who may not be able to use the diaphragm:

  Individuals who are allergic to rubber or sperm-killing cream

  Individuals with uterine or vaginal abnormalities (determined during a pelvic exam)

  Clients who are unable to manage correct insertion techniques and follow instruction on care of the diaphragm

- Disadvantages of the diaphragm:

  May interrupt love-making

  May be slightly messy

  May not always be available for unanticipated intercourse

POINTS TO COVER	TEACHING SUGGESTIONS
o How can the diaphragm be obtained?	
Most health centers and clinics	
Private physician	
o How will the diaphragm affect your sex life?	*Remember, inform client(s) that men can be taught to insert and remove the diaphragm.*
The cream or jelly may interfere with oral sex.	
The diaphragm can be used to slow the flow of blood during a woman's period; therefore, sexual intercourse may be more tidy.	
The diaphragm should not be felt by the woman or her partner if fit correctly.	
It need not interfere with love-making since it can be inserted up to 2 hours before intercourse.	
o How to use the diaphragm?	
Detailed instructions can be left out during the initial review of methods. A client who chooses this method should have specific instructions as indicated to follow:	*Give client a handout describing how to use the diaphragm.*
The diaphragm with jelly or cream can be inserted up to two hours before intercourse.	
Before insertion, a tablespoonful of cream or jelly is placed inside the dome of the diaphragm. Some of the cream or jelly should be spread around the rim of the diaphragm as well.	*Demonstrate how the cream or jelly is placed inside the diaphragm and around the rim of the diaphragm.*
The diaphragm is inserted while the woman is either standing, squatting or lying down.	
The diaphragm is inserted as far back in the vagina as it will go. It should completely cover the cervix and fit behind the pubic bone.	*Use plastic model to show how the diaphragm covers the cervix when it is inserted correctly.*

POINTS TO COVER	TEACHING SUGGESTIONS
After inserting the diaphragm, the woman or her partner should use the index finger to check that the cervix is completely covered by the diaphragm (the cervix feels firm and rubbery like the tip of your nose).	
The woman or her partner inserts one applicator of sperm-killing cream or jelly before <u>each</u> additional act of intercourse. Do not remove the diaphram to insert more sperm-killing cream or jelly.	*Demonstrate how the cream or jelly is released from the bottle and inserted in the vagina. Use paper towel for spillage.*
The woman should wait 6-8 hours after the last act of intercourse before removing the diaphragm.	
After removal, the diaphragm should be washed, dried, and dusted with corn starch (to preserve the rubber). It should be checked for holes or tears.	*Demonstrate how to dust the diaphragm with corn starch. Emphasize the use of corn starch, not talcum or perfumed powder.*
o <u>Long term instructions:</u>	
The diaphragm should be washed, dried, and dusted with corn starch after each use.	*Reinforcement and habituation are important teaching strategies for use with clients who have mental retardation. Be sure the client has integrated use of diaphragm with sex. The diaphragm, since it must be used at the time of sexual intercourse, rather than at a specific time of the day, i.e., breakfast, may not be well integrated into habit and may therefore be inappropriate for some clients with mental retardation.*
The diaphragm should be stored in its plastic container, away from heat sources, when not being used.	
The diaphragm should be inspected for holes or tears each time it is used.	*Individuals with severe visual impairments will need sufficient time to feel and manipulate the diaphragm.*
Do not use petroleum jelly with the diaphragm.	
Have your diaphragm fit checked as part of your routine annual examination.	
If the diaphragm causes pain or discomfort, if you have surgery of the reproductive organs, or gain or lose 20 pounds or more, make an appointment to see your clinician to check diaphragm fit.	*The manual coordination of individuals with severe physical disabilities should be considered at the time of teaching this method.*

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POINTS TO COVER	TEACHING SUGGESTIONS

- Questions That You Should Be Prepared to Answer about the Diaphragm:

  "Will I feel the diaphragm?"

  "Will my partner feel the diaphragm?"

  "Does the diaphragm move?"

  "Will the diaphragm come out?"

  "What will happen if I leave the diaphragm in too long?"

  "What will happen if I can't get the diaphragm out?"

  "Where can you get more cream or jelly?"

- Your Agency's Answers about the Diaphragm:

POINTS TO COVER	TEACHING SUGGESTIONS
o THE INTRAUTERINE DEVICE (IUD)	
The IUD is a small device made of plastic. Some have copper on the outside, and some have hormones on the inside.	*Handouts on the IUD to be taken home by the client(s), if desired*
The IUD is inserted into the uterus to prevent pregnancy.	*IUD exhibit: various types of IUDs, i.e., Copper 7, Tatum T, Lippes Loop, Progestasert, Saf-T-Coil*
There are several types of IUDs: the Copper 7, Tatum T, Lippes Loop, Progestasert-T, and Saf-T-Coil.	*Omni handviewer for persons with hearing impairments*
	FDA insert on IUD package
o How does the IUD prevent pregnancy?	
The most commonly accepted theories to explain how the IUD works include:	*All theories of how the IUD prevents pregnancy should be explained to facilitate an informed decision by clients. (Certain beliefs or concepts regarding when life begins may prohibit the use of this method for some individuals.)*
Nobody knows for sure.	
Prevents fertilized egg from attaching to wall of uterus.	
Decreases ability of sperm to swim--immobilizes sperm.	
Speeds up transport of egg through fallopian tube.	
IUD may dislodge implanted egg from wall of uterus.	
o How effective is the IUD?*	*Poster comparing theoretical and use effectiveness of all methods*
The IUD is 97-98% effective if all instructions are followed.	
The IUD is 95% if instructions for use are not followed.	
o What are the advantages of the IUD?	
It is convenient, since it is always in place and only requires checking the string.	*Plastic uterine model with an IUD in place can be utilized to illustrate where*

* Effectiveness rates from: Contraceptive Technology by Hatcher et al.

POINTS TO COVER	TEACHING SUGGESTIONS
It does not interfere with sex. It is very effective in preventing pregnancy.	*the IUD is located in the uterus and how the string extends into the vagina.*
o How is the IUD inserted? The IUD is inserted into the uterus by specially trained medical personnel. It is usually inserted during a woman's menstrual period in order to be reasonably sure she is not pregnant.	*Demonstrate how the IUD is inserted by using the plastic uterine model and IUD with its applicator.*
o Minor problems of the IUD: Heavier, longer and irregular periods More severe menstrual cramping Increased vaginal discharge Anemia Backache Spotting between periods Cervical infections Painful intercourse	
o Major problems of the IUD: Perforation of the uterus: the IUD may puncture the wall of the uterus. The IUD must then be surgically removed. Infections of the uterus, ovaries and tubes. Infections could lead to sterility and serious life-threatening conditions, such as etopic pregnancies. The IUD can be rejected by the uterus and expelled. This could result in pregnancy.	*Individuals with severe visual impairments should be provided sufficient time to feel IUDs and the strings.* *Individuals with certain physical disabilities may be unable to feel strings; however, partners can be taught to feel the strings.* *Individuals who are mentally retarded should be taught to check the strings at a specific time of the day; checking of the strings should be habituated to an activity of daily living, i.e., breakfast, brushing the teeth, taking a bath or shower, etc.*

POINTS TO COVER	TEACHING SUGGESTIONS

- Individuals who should not have the IUD inserted:

  Clients with a pelvic infection or a history of pelvic inflammatory disease (P.I.D.)

  Pregnant women

- Individuals who may not be able to use the IUD:

  Individuals who have:

  abnormal uterus in size or shape,

  previous problems with IUD expulsion,

  recurrent pelvic infections or acute cervical or vaginal infection,

  valvular heart disease,

  history of ectopic pregnancy,

  abnormal Pap smear,

  impaired response to infection,

  impaired coagulation response

  severe menstrual problems, such as bleeding or severe cramps,

  severe anemia,

  abnormal vaginal bleeding, spotting or bleeding between periods,

  recent pregnancy within 10-14 days,

  fibroid tumors of the uterus or endometriosis,

  inability to check for IUD strings,

  concern for future fertility,

  impaired access to emergency care.

POINTS TO COVER	TEACHING SUGGESTIONS
o Disadvantages of the IUD:	
It must be inserted by specially trained medical personnel.	
It may have minor problems.	
It may cause major health problems.	
It may be spontaneously expelled without the woman knowing it.	
The Copper and hormone devices must be removed on a regular basis.	
o How can the IUD be obtained?	*Determine the protocol of your agency regarding hormonal and copper device replacement.*
Most health centers and clinics that provide family planning services	
Private physician	
o How will the IUD affect your sex life?	*Be sure client knows how to check IUD strings before she leaves the clinic. The woman's partner can be taught to check the strings.*
The IUD does not interfere or interrupt sexual intercourse.	
The IUD should not be felt by either partner during intercourse. A very short string may cause pain for partner during intercourse.	
o How to use the IUD?	
Detailed instructions can be left out during the initial review of methods. A client who chooses this method should have specific instructions.	
Before leaving the clinic or office, be sure you can feel your IUD strings.	
You can expel your IUD without knowing it. Check your IUD strings frequently during the first months you have the IUD, then after each menstrual period. Also, be sure you check the strings if/when you have cramping.	

POINTS TO COVER	TEACHING SUGGESTIONS

If you have an IUD with copper or a hormone, it must be replaced as indicated by the clinician. Be sure to have the IUD replaced as directed.

Use a second method of birth control, such as condoms or foam, for the first few months after insertion of the IUD.

If at any time you can not feel your strings, be sure to use a second method until you have been seen by a clinician/ physician. Don't put it off contact/ call the clinic for an appointment.

> Contact the clinic if you have fever, pelvic pain, severe cramping or unusual vaginal bleeding.

Be certain the client knows the signs and symptoms that should be reported immediately to a physician; also, where to obtain emergency care.

If you miss a period, call the clinic immediately.

The IUD should only be removed by a clinician. Do not try to remove the IUD, and do not let your partner remove the IUD.

Wallet-size card listing signs and symptoms which should be reported immediately to a physician

If you get pregnant with your IUD in place, have it removed to avoid infection. Your physician will discuss the risk related to leaving the IUD in place compared to the risk related to removal.

Be sure to get an annual checkup, including a Pap smear, breast examination, and a blood test.

Keep your package insert and read it carefully several times. This will help you learn more about your IUD.

O <u>Questions That You Should Be Prepared to Answer about the IUD</u>:

"Does the IUD cause cancer?"

"Can the IUD go through the womb?"

"Can the IUD get lost?"

POINTS TO COVER	TEACHING SUGGESTIONS

"Does it hurt to have an IUD put in?"

"Should I use a second method when the IUD is first inserted?"

"Will my partner feel the IUD?"

O Your Agency's Answers about the IUD:

o COMBINED BIRTH CONTROL PILLS

Combined birth control pills are pills which contain a synthetic form of two female hormones and are taken by mouth (orally).

Handouts on the pill are to be taken by the client(s), if desired.

o How do the pills prevent pregnancy?

Prevent ovary from releasing egg

Make the lining of the uterus unreceptive to the fertilized egg

Produce a mucus that is thick and hostile to sperm trying to enter the uterus

FDA mandated manufacturer's leaflet

Pill exhibit with samples of various types of pills, i.e., different brands, different strengths, 21 days, 28 days, minipill, etc.

o How effective are the pills?*

The pills are over 99% effective if used correctly.

The pills are 90-96% effective if not used exactly as instructed.

Individuals who have severe visual impairments will need sufficient time to feel and manipulate several types of pill packages

Poster comparing the theoretical and use effectiveness of all methods

* Effectiveness rates from: Contraceptive Technology by Hatcher et al.

POINTS TO COVER	TEACHING SUGGESTIONS

- What are the advantages of the pills?

  They are close to 100% effective in preventing pregnancy if used correctly.

  They are convenient to use and do not interfere with sex.

  They may decrease menstrual flow, pre-menstrual tension and cramps.

  They may decrease acne.

- Minor problems of the pills:

  Nausea

  Increase or decrease in weight

  Breast tenderness

  Spotting or bleeding between periods

  Mood changes

  Increase or decrease in sex drive

  Decreased menstrual flow

  Acne may get worse

  Increased body hair

  Increased vaginal discharge

  Spotty darkening of facial skin

  Increased susceptibility to vaginal and bladder infections

  Nutritional deficiency

  Hair loss

- Major problems of the pills:

  Worsening of migraine, asthma, epilepsy, kidney or heart disease

Client should receive a copy of the consent form, if possible.

POINTS TO COVER	TEACHING SUGGESTIONS

Mental depression

Liver problems

Elevated blood sugar and blood fat levels

High blood pressure

Possible delay in return to fertility

o Serious problems of the pills:

> Circulatory disorders, abnormal clotting, heart attack, and strokes

Formation of liver tumor, usually not cancerous, but can be fatal

Risk of possible damaging effects on the developing fetus if birth control pills are taken during or immediately before pregnancy begins is not known

Gallbladder disease

o People who must not use pills:

Individuals with:

Thromboembolic disorder

Cerebrovascular accident (stroke)

Coronary artery disease (disease that decreases the flow of blood carrying oxygen to the heart muscle)

Impaired liver function

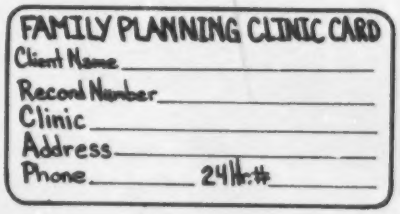
Hepatic adenoma, hepatitis or mononucleosis

Malignancy of breast or reproductive system

Pregnancy

Be sure client knows what signs and symptoms should be reported immediately to the doctor.

Be sure client understands where to obtain emergency care services.



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POINTS TO COVER	TEACHING SUGGESTIONS
o People who may not be able to use the pill: Individuals who have or have had: History of, or existing high blood pressure Diabetes or family history of diabetes History or existing condition of gallstone disease Jaundice during pregnancy History of impaired liver function Sickle cell disease Leg cast, body cast or serious leg injury Fibrocystic breast disease or fibrous breast lumps Pre-cancerous Pap smear Major surgery scheduled within the next month Recent pregnancy (delivery, abortion or miscarriage within the last 10 to 14 days) Heavy smoking (more than 15 cigarettes a day) Severe migraine Age over 35 to 40 Serious heart or kidney disease Serious depression or suicide feelings, now or in the past (depression may worsen or improve on pills) Epilepsy or other seizure disorders Severe asthma	*Remember, inform client(s) regarding the risk associated with smoking, age and the pill.*

POINTS TO COVER	TEACHING SUGGESTIONS

Severe varicose veins

History of chloasma

Uterine fibroids

Acne

Very irregular menstrual periods or long delays between periods

Menstrual periods recently begun and not yet regular

Breast feedings

Previous pill use for five years or more

Past exposure to diethylstilbestrol during pregnancy

No access to emergency care for pill problems

- o Disadvantages of the birth control pill:

  They must be taken daily

  They may cause serious health problems

  They may have many side effects

- o How can the birth control pill be obtained?

  The pill must be prescribed. A complete physical examination, detailed medical history and Pap smear must be done before the pill can be prescribed for a patient.

- o How will the birth control pills affect your sex life?

  The sex drive may be increased or decreased or remain the same

  Does not interfere with sex

POINTS TO COVER	TEACHING SUGGESTIONS
o How are the pills used?	
Detailed instructions can be left out during the initial review of methods. A client who chooses this method should have specific instructions:	*Information handout on birth control pills*
One birth control pill is taken by mouth (orally) each day on a specific schedule. The pills should be taken at about the same time every day.	
The woman swallows one pill each day until the pill pack is finished.	*Use pill package to demonstrate how pills are removed from package.*
Associate the pill with some regularly scheduled activity, like going to bed or eating a meal.	*Condom, diaphragm, spermicidal cream, jelly and foam exhibit to be used to illustrate backup methods available.*
Pills work best if you take one about the same time each day.	
Check the pill pack each day to make sure you took the pill the day before.	*Determine the protocol of your agency regarding the first day the first pill should be taken.*
If you miss a pill, take the forgotten one as soon as you remember it and take today's pill at the regular time.	*Determine the protocol of your agency regarding a second method of birth control when a woman first begins the pills.*
Read the pill pamphlet carefully and be sure to ask the clinician about any parts that aren't clear to you.	
O Questions That You Should Be Prepared to Answer about Birth Control Pills:	*Determine the protocol of your agency for two or more missed pills.*
"Do the pills cause cancer?"	
"Do the pills cause you to gain weight?"	*Determine the protocol of your agency for missed periods.*
"Will the pills affect my sex drive?"	
"Will I be able to get pregnant after I stop taking the pill?"	
"Can I borrow pills from my _____?"	

POINTS TO COVER	TEACHING SUGGESTIONS

o Your Agency's Answers:

o MINI-PILLS - PROGESTIN ONLY

Mini-pills are birth control pills which contain only one hormone, progesterone. They are sometimes prescribed for women who have problems with regular birth control pills.

Mini-pill handout

FDA mandated leaflet

Mini-pill exhibit: samples of various types of mini-pills

o How do the mini-pills prevent pregnancy?

Thickens mucus so sperm have difficulty entering uterus.

Slows egg passage through the fallopian tube.

Interferes with implantation of the fertilized egg into the lining of the uterus.

Prevents ovulation (the release of the egg) for about 40% of users.

o How effective are mini-pills?*

The minipills are 98.5%-99% effective if used correctly each time.

The mini-pills are 90-95% effective if not used correctly each time.

Poster comparing theoretical and use effectiveness of all methods

* Effectiveness rates from: Contraceptive Technology by Hatcher et al.

POINTS TO COVER	TEACHING SUGGESTIONS
o Minor problems of the mini-pills: Irregular periods Spotting or bleeding between periods Missed periods Lighter periods o Major problems of the mini-pills: > Circulatory disorders Abnormal clotting Heart attack Stroke o People who must not use mini-pills: (Same as combined pills) o People who may not be able to use the mini-pills: (Same as combined pills) o Disadvantages of the mini-pills: Must be taken daily May cause health problems o How can the mini-pills be obtained? The mini-pill must be prescribed. A complete physical examination, a detailed medical history and Pap smear must be done before the mini-pill can be prescribed for a patient. o How will the mini-pills affect your sex life (Same as the combined pills)	*Be certain your clients know the danger signs and symptoms that should be reported immediately to the doctor.* *Be sure clients know where to obtain 24 hour emergency care.* *Clients with visual impairments may find the 28 day pills easier to manipulate.* *Clients with developmental disabilities will need assistance in combining the pill taking with an activity of daily living, e.g., breakfast, shower or bath, etc.* *Clients with hearing impairments will need information shown by captioned films, flipcharts, or pictorial presentation, in addition to brochures.*

POINTS TO COVER	TEACHING SUGGESTIONS
o How are the mini-pills used?	
Detailed instructions can be left out during the initial review of methods. A client who chooses this method should have specific instructions as indicated:	
One pill is taken by mouth (orally) each day.	*Use Pill package to demonstrate how the pills are removed from package.*
The woman swallows one pill each day until the pill pack is finished.	*Determine the protocol of your agency regarding the day the first pill should be taken.*
Associate the pill with some regularly scheduled activity, like going to bed or eating a meal.	*Determine the protocol of your agency regarding a second method of birth control.*
Pills work best if you take one about the same time each day.	
Check the pill pack each day to make sure you took the pill the day before.	*Determine your agency's instructions for two or more missed pills.*
If you miss a pill, take the forgotten one as soon as you remember it and take today's pill at the regular time.	*Determine your agency's instructions for missed periods.*
Read the pill pamphlet carefully and be sure to ask the clinician about any parts that aren't clear to you.	
O Questions That You Should Be Prepared to Answer about Mini-Pills:	
"What is the difference between the combined pill and the mini-pill?"	
"Are the mini-pills as safe as the combined pills?"	
O Your Agency's Answers:	

POINTS TO COVER	TEACHING SUGGESTIONS

O Inform and educate client(s) about non-prescription method of birth control.

o ABSTINENCE

Abstinence means having no intercourse at all. Many individuals choose not to have sexual intercourse and may choose to express their sexuality in other ways. Abstinence as a form of birth control means only that you abstain from penis-in-vagina intercourse; it doesn't mean abstaining from all sexual activities.

Handouts on abstinence are to be taken by the client(s), if desired.

The health worker should become comfortable discussing this method.

o How effective is abstinence?

Abstinence is 100% effective if used correctly each time. No research studies have been done to show use effectiveness.

Poster comparing theoretical and use effectiveness of all methods

If clients express personal concerns about saying "no" when they don't want sexual intercourse, special groups or counseling should be arranged, if desired.

Remember, it is OK to say "no" - especially for teens.

o What are the advantages of abstinence?

Safe, doesn't cause any health problems

Free

Always available

o Minor problems with abstinence:

May be difficult to use consistently

o Major problem with abstinence:

None

o People who should not use abstinence:

People who would have difficulty using the method consistently

o Disadvantages of abstinence:

Possible sexual frustration

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POINTS TO COVER	TEACHING SUGGESTIONS

- How to obtain?

  Available to everyone

- How will abstinence affect your sex life?

  Sex life will not include intercourse.

- How is abstinence used?

  Avoid sexual intercourse and avoid close genital contact.

- Questions that You Should Be Prepared to Answer:

  "Is it hard to abstain from sex?"

  "Will I go crazy?"

  "What will happen if I don't have intercourse?"

  "Don't people need to have intercourse?"

- Your Agency's Answers:

- WITHDRAWAL:

  Withdrawal is a method of birth control practiced during intercourse. The man withdraws his penis completely from the vagina before he ejaculates. This method is also known as "pulling out." It is not a very effective form of birth control because fluid on the tip

Handouts on withdrawal are to be taken home by the client(s), if desired.

POINTS TO COVER	TEACHING SUGGESTIONS
of the penis may contain sperm, so a woman could become pregnant even if her partner pulls out in time. The first drops of semen contain the greatest amount of sperm, so it is important for the man to pull out before ejaculation begins. Sperm deposited in the outer part of the vagina or even outside the vaginal opening could swim inside and cause pregnancy.	*Special emphasis should be placed on describing pre-ejaculatory fluid and how it may impregnate a woman. (This information is particularly important for teen clients.)*
o How effective is withdrawal?* Withdrawal is 85-91% if used correctly each time. Withdrawal is 75-80% if not used correctly each time.	*Poster comparing theoretical and use effectiveness of all methods*
o What are the advantages of withdrawal? No equipment necessary; can be used any time. No chemicals taken Free	*Remember, this is a commonly used method; be sure you provide adequate factual information.*
o Minor problems of withdrawal: Possible sexual frustration May lead to "spectatoring" during sex, which means paying so much attention to pulling out in time that sexual pleasure is greatly reduced.	
o Major problems of withdrawal: None	
o People who should not use withdrawal: People with poor ejaculatory control.	

* Effectiveness rates from: Contraceptive Technology by Hatcher et al.

POINTS TO COVER	TEACHING SUGGESTIONS
o Disadvantages of withdrawal: May make it difficult to relax completely and achieve full sexual response. Is not very effective even when practiced faithfully. May affect post-orgasmic warmth and closeness.	
o How will withdrawal affect your sex life? May make it difficult to relax completely and to achieve full sexual response. May affect post-orgasmic warmth and closeness.	
o How to use withdrawal? Instructions can be left out during the initial review of methods. A client who chooses this method should have specific instructions: The man must completely withdraw his penis from the vagina before he comes or ejaculates. The man must remove his penis completely away from the woman's vagina and genital area. Taking care not to ejaculate near the vagina or genital area.	*Remember, emphasize that the man must not ejaculate near the vagina or genital area.*
O Questions That You Should Be Prepared to Answer about Withdrawal: "Will pulling out harm the man?"	

POINTS TO COVER	TEACHING SUGGESTIONS

"Can a man always tell exactly when he is going to ejaculate?"

O Your Agency's Answers:

o CONDOMS OR RUBBERS:

Display of various types of condoms

Condoms are made out of latex rubber or animal intestines and fit over the erect penis.

o How does the condom prevent pregnancy?

The condom acts as a barrier so semen can not enter the woman's vagina.

POINTS TO COVER	TEACHING SUGGESTIONS
o How effective is the condom?* It is 97% effective if used exactly right all the time. It is 90% effective if not used exactly right all the time.	*Poster comparing the rates of theoretical and use effectiveness of all methods*
o What are the advantages of the condom? They are 90% effective in helping to prevent the spread of most sexually-transmitted diseases (VD). They may be helpful in delaying ejaculation. They are very effective in preventing pregnancy if used correctly. No prescription is needed.	
o Minor Problems of the condom: A small number of people have allergic reactions to the rubber.	*Clients who have mental retardation and other developmental disabilities may have difficulty using the condom, since reinforcement by associating condom usage with an activity of daily living is not appropriate.*
o Major Problems of the condom: None	
o People who may not be able to use the condom: Allergy to rubber or dye (does not apply to animal gut condoms)	
o Disadvantages of the condom: Some people feel condoms reduce sensitivity and enjoyment of sexual intercourse.	

* Effectiveness rates from: Contraceptive Technology by Hatcher et al.

POINTS TO COVER	TEACHING SUGGESTIONS
o How to obtain condoms?	*Check local laws regarding the sale of condoms.*
Men or women can buy condoms in any drugstore without a prescription.	*Determine locations in geographical area where condoms are available.*
Most health centers and clinics that provide family planning services.	
Vending machines - do not use condoms that appear old and brittle, they may have been in the machine a long time.	
o How will the condom affect your sex life?	
May be included as a part of sex play	
Must be put on before intercourse	
May reduce sensitivity (could be an advantage or disadvantage)	
o How is the condom used?	
Detailed instructions can be left out during the initial review of methods. A client who chooses this method should have specific instructions:	*Emphasis should be placed on instructing clients on how to use condoms correctly since many individuals think they know how without any instruction.*
The man or woman should put the condom on the erect penis before the penis even enters the vagina.	
The rim of the condom should be rolled all the way to the base of the penis. About one-half inch of empty space should be left at the tip of the condom to hold the semen.	*Plastic model of an erect penis, an inanimate object such as a broom handle, or two fingers should be used to illustrate correct placement techniques.*
Excellent lubricants for use with condoms are K-Y jelly, contraceptive jelly, and saliva.	

POINTS TO COVER	TEACHING SUGGESTIONS
Petroleum jelly should not be used as it will cause the rubber to deteriorate. The penis should be withdrawn from the vagina soon after ejaculation. Hold on to the rim of the condom as the penis is being withdrawn because loss of erection could allow the condom to slip off. Condoms should not be reused.	*Clients with visual impairments will need sufficient time to feel and manipulate condoms. Provide time for clients to practice placing condoms on a plastic model, broom handle, two fingers, etc. Guide the client's hand to demonstrate placement technique and removal technique.*
O Questions That You Should Be Prepared to Answer about Condoms: "Are some better than others?" "Do skin condoms really allow greater sensitivity?"	*Emphasize the fact that men and women can buy condoms.* *Handouts on condoms (rubbers) to be taken home by the client(s), if desired*
O Your Agency's Answers:	
o NATURAL METHODS	
Natural Family Planning Methods are birth control methods which depend on the individual woman's ability to correctly identify her fertile days (those days when she is able to become pregnant) and infertile days (those days when she is unable to become pregnant in each cycle). There are three (3) Natural Family Planning techniques which can be used independently or together. They are: 1) The Ovulation (Billings) Method, 2) The Basal Body Temperature Method and 3) The Sympto-Thermal Method (a combination of ovulation and Basal Body Temperature methods	*Emphasis should be placed on the need for both partners to understand and participate in the methods.*

POINTS TO COVER	TEACHING SUGGESTIONS
o How effective are natural family planning methods?*	*Poster comparing theoretical and use effectiveness rate of all methods*
The Ovulation Method is 98% if used exactly right each time.	*Remember, there is no other method that the effectiveness depends entirely on the individuals using the method correctly each time.*
The Basal Body Temperature is 98% if used exactly right each time.	
The Sympto Thermal Method is 98% if used exactly right each time.	
The Ovulation Method is 75-90% effective if not used exactly right all the time.	
The Basal Body Temperature is 90-94% effective if not used exactly right all the time.	
The Sympto-Thermal Method is 85-90% effective if not used exactly right all the time.	
o What are the advantages of natural family planning methods?	
Require no devices except thermometer and chart	*A sample menstrual cycle chart, BB Thermometer*
Involve no chemicals	*Clients should be informed that additional counseling and assistance is necessary in order to effectively utilize this method.*
Acceptable to most religions	
Available at any time	
Can help people plan pregnancy	*Referral list of community agencies, teachers and classes on natural family planning*
o Minor problems of the natural family planning methods:	
Possible frustration due to long periods of abstinence	*Handouts on natural family planning methods are to be taken home by client(s), if desired.*

* Effectiveness rates from: Natural Family Planning, a brochure available through the National Clearinghouse for Family Planning Information.

POINTS TO COVER	TEACHING SUGGESTIONS
o <u>Major problems of the natural family planning methods:</u> None	*Caution: Persons with developmental disabilities may not be able to use this method on their own because of the complexity of the method.*
o <u>People who may not be able to use natural family planning methods:</u> Women with irregular periods may have difficulty using this method. Women with severe mobility impairments	*Remember, the clients who choose this method should be referred to certified natural family planning teachers for specific instructions in the use of the method.*
o <u>Disadvantages of natural family planning methods:</u> Require high degree of motivation and responsibility Abstinence may interfere with spontaneity of sex. Effectiveness rates vary widely according to couples motivation and ability to use the method. Vaginal infections may interfere with mucus observation. Illness may interfere with Basal Body Temperature observation.	*Review your agency's protocols for individuals requesting the natural family planning methods.* *Women with visual impairments may be taught to taste and feel mucous consistency.*
o <u>How to obtain natural family planning methods counseling?</u> Family planning clinics or natural family planning centers	*Referrals should be provided for natural family planning classes. Teachers certificated by the Human Life Foundation are recommended.*
o <u>How will practicing natural family planning affect your sex life?</u> Abstinence may interfere with spontaneity of sex. May open up other areas of sexual pleasuring	*Determine locations in your geographical area.* *Clients should be told of the distinction between practicing <u>natural family planning</u> and <u>fertility awareness</u> (natural family planning relies*

POINTS TO COVER	TEACHING SUGGESTIONS
o How are the natural family planning methods used? Counseling and assistance are necessary in order to effectively utilize this method. Method effectiveness is enhanced if both partners understand and participate in the method.	*on abstinence during fertile periods; fertility awareness incorporates using alternative methods such as condoms, diaphragms, etc., during fertile times).*
O Questions That You Should Be Prepared to Answer about Natural Methods: "Can you use other methods along with Natural family planning?" "Are they really effective?"	
O Your Agency's Answers:	
o SPERM-KILLING AGENTS (Creams, Foams, Jellies and Suppositories) Sperm Killers are chemical agents in the forms of creams, foams, jellies and suppositories.	*Handouts about sperm-killing agents are to be taken home by client(s), if desired.*
o How do sperm-killing agents prevent pregnancy? Sperm-killing agents prevent pregnancy by blocking the cervical opening and preventing sperm from traveling into the uterus, in addition to killing the sperm chemically.	*Diagram showing how the sperm-killing creams, etc., block the cervical opening*

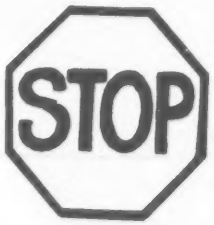
POINTS TO COVER	TEACHING SUGGESTIONS
o How effective are the sperm-killing agents?*	
They are 97% effective if used exactly right all the time.	*Poster comparing theoretical and use effectiveness of all methods.*
They are 78% if not used exactly right all the time.	
o What are the advantages of sperm-killing agents?	
Pose no health risks or complications	
Are easily available	
May provide some protection from the transmission of sexually-transmitable diseases	
Add lubrication	
o Minor problems of sperm-killing agents:	
Possible vaginal irritation (or irritation of partner)	
Possible allergic reactions	
o Major problems of sperm-killing agents:	
None	
o People who may not be able to use sperm-killing agents:	*Clients with limited mobility in their upper extremities may have difficulty with insertion techniques.*
Individuals who are allergic to chemicals in the sperm-killing preparations	
o Disadvantages of sperm-killing agents:	
Allergic reactions	
Must be inserted before each act of intercourse	
May be slightly messy	
Taste may be unpleasant to some individuals	

* Effectiveness rates from: Contraceptive Technology by Hatcher et al.

POINTS TO COVER	TEACHING SUGGESTIONS
o How can sperm-killing agents be obtained?	*All vaginal foams are not contraceptive foams.*
Foams, creams, jellies and suppositories can be purchased in any drugstore without a prescription, or from a family planning clinic.	*Be certain that clients know that feminine hygiene products are not designed for contraceptive use.*
o How will sperm-killing agents affect your sex life?	
Must be inserted before each act of intercourse	
Extra lubrication	
Taste may be unpleasant to some individuals	
o How are sperm-killing agents used?	
Detailed description and instructions can be left out during the initial review of methods. A client who chooses this method should have specific instructions as indicated:	
Foams, creams and jellies are placed in the vagina close to the cervix. Body temperature and movement of the penis help to spread the spermicidal agents so that they mechanically block the cervix and prevent entry of sperm into the uterus.	*Sperm-killing foam, cream, jelly, suppositories exhibit, including applicators (several different brands should be displayed.)*
Foams, creams and jellies are inserted with an applicator and provide immediate protection after insertion. They lose some of this protective ability after about one-half hour.	*Pelvic model to demonstrate insertion procedure*
It is important to insert two full applicators of foam, cream or jelly before each act of intercourse, and when sexual activity continues beyond 30 minutes.	*Omni handviewer and cassette is particularly useful for clients with hearing impairments.*
Suppositories are placed deep in the vagina close to the cervix, and must be allowed to dissolve for ten minutes inside the vagina before intercourse	*Individuals with severe visual impairments will need sufficient time to feel and manipulate various sperm-killing agents (i.e., suppositories, cream, foam and jelly) and their applicators.*

POINTS TO COVER	TEACHING SUGGESTIONS
may begin. Add another contraceptive dose for repeated acts of intercourse.	*Male partners can be taught how to insert sperm-killing agents into the vagina.*
No douching for 6-8 hours	*May be a difficult method for persons with developmental disabilities who have problems remembering unless the activity is habituated by association with an activity of daily living.*
O Questions That You Should Be Prepared to Answer about Sperm-Killing Agents:	
"Does it kill sperm still in the man's body?"	
"What about Norforms?"	
O Your Agency's Answers:	
O Provide information and education to the client(s) concerning permanent methods of birth control	
o FEMALE STERILIZATION	
Tubal ligation or tubal sterilization is a surgical procedure performed by a physician in order to permanently prevent pregnancy.	*If client wants to go into detail, provide or refer for counseling.*
o How does having a tubal sterilization prevent pregnancy?	*Posters or flipcharts illustrating procedure*
The fallopian tubes are surgically sealed. This seal prevents the egg and sperm from uniting.	*16mm film or video-cassette player utilized in conjunction with discussion*
o How effective is tubal sterilization?*	
Effectiveness is 99.6%. There is no opportunity to use this method incorrectly. Failure of method is not related to user error.	*Handouts on tubal sterilization are to be taken home by client(s), if desired. The DHHS female sterilization pamphlets should be used.*

* Effectiveness rates from: Contraceptive Technology by Hatcher et al.

POINTS TO COVER	TEACHING SUGGESTIONS
o <u>What are the advantages of tubal sterilization?</u>	*Become familiar with DHHS sterilization regulations.*
The most effective method of birth control	
Once the procedure is completed, the woman need not worry about preventing pregnancy.	*Remember to emphasize the permanence of a tubal sterilization.*
Removing the fear of pregnancy may improve sexual relations.	
Does not interfere with sex act	
o <u>Minor temporary problems after a tubal sterilization:</u>	
Pain during or following surgery	
Temporary sore throat from anesthetic administration	
Shoulder and chest pain of short duration after laparoscopy	
Vaginal bleeding	
Dizziness	
Bruises around surgical site	
o <u>Major problems after a tubal sterilization:</u>	*Determine agency's protocol for sterilization procedure.*
Surgical failure which could result in pregnancy	*Some may be outpatients, others may be inpatients*
Inflammation (infection)	
o <u>Rare problems which may be fatal:</u>	*Be sure clients know what signs and symptoms should be reported to the doctor immediately.*
> Pulmonary embolus (blood clot)	
Complications from anesthesia	
Hemorrhage	
Cauterization accidents	

POINTS TO COVER	TEACHING SUGGESTIONS
Bowel perforations Psychological regret	
o People who may not be able to have tubal sterilization: The clinician will evaluate the medical history, physical and gynecological examination, and personal interview to determine safety and feasibility of procedure.	
o Disadvantages of tubal sterilization: It must be considered permanent and irreversible.	
o How to obtain a tubal sterilization: A specially trained medical physician must perform the procedure.	*Indicate to clients the need for additional counseling and special consent forms if this method is desired.*
A tubal sterilization may be obtained from a family planning clinic or private physician.	*DHHS consent is required if Federal monies are used.*
o How will a tubal sterilization affect your sex life? Removes fear of pregnancy No medical reason for change in sex drive	*Be aware, the educator has the responsiblity to provide information which will protect each individual's free choice about sterilization.*
o Detailed description and instructions can be left out during the initial review of methods. A client who chooses this method should have specific instructions as indicated: A tubal sterilization or tubal ligation is an operation which separates each of your two fallopian tubes so that your eggs cannot travel through them from your ovaries to your uterus or womb. Menstruation will continue as before.	*If client wants to use this method, extensive counseling is recommended.*

POINTS TO COVER	TEACHING SUGGESTIONS

There are four types of tubal sterilization. The type of operation you will have will depend on your health and your doctor.

The laparotomy or mini-laparotomy, is performed by making a small incision or cut in the lower portion of your abdomen. The difference in the two is the length of the incision or cut. The doctor can either remove a part of the tubes, tie the tubes, or seal the tubes with electric current, hands or clips. The operation takes about 30 minutes.

The laparoscopy is a special telescope which is inserted into the abdomen through a small incision or cut. The doctor can see the tubes through the telescope and also insert the operating instrument. Your tubes are sealed by the use of an electric current, hands or clips. The operation, including anesthesia, takes about 30 minutes.

A postpartum tubal ligation is performed shortly after a woman has a baby. The doctor makes a small incision (cut) below the navel, through which the tubes are tied and a small section of the tubes removed.

The vaginal tubal ligation is performed through the vagina. The doctor makes a small incision (cut) in the back of the vagina, through this opening the tubes are sealed with electric current, hands or clips or by removing a small section of the tubes. Sometimes the doctor will use an instrument called a culdoscope to see your tubes and seal them.

As with any operation, you can expect to have some pain and soreness in your abdomen for a few days. Your physician may prescribe medication to help relieve the discomfort.

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POINTS TO COVER	TEACHING SUGGESTIONS

If you have general anesthesia, you may have a sore throat for a few days. This should not continue more than a few days.

O Questions That You Should Be Prepared to Answer:

"What technique is easiest to reverse?"

"Can you get a tubal ligation with local anesthesia?"

"Will I be put to sleep?"

"Will I still have periods?"

"Will it take away my nature (sex drive)?"

O Your Agency's Answers:

o MALE STERILIZATION

Posters or flip charts illustrating procedure

A vasectomy is a surgical sterilization procedure performed by a physician under local anesthesia.

o How does having a vasectomy prevent pregnancy?

16 mm film or video-tape player utilized in conjunction with discussion

Invite the female partner to participate.

The vas deferens (the two tubes which carry sperm from the testicles to the outside of the body) are cut and the ends separated so that sperm can no longer be transported into the man's semen. Since sperm are no longer in the semen, pregnancy cannot occur.

POINTS TO COVER	TEACHING SUGGESTIONS
o How effective is vasectomy?*	
Effectiveness is 99.85%. There is no opportunity to use this method correctly or incorrectly. Failure of method is not related to user error.	*Handouts on vasectomy are to be taken home by client(s), if desired.*
o What are the advantages of a vasectomy?	*The DHHS male sterilization pamphlets ought to be used.*
Removing fear of pregnancy may improve sexual relations.	*Become familiar with DHHS sterilization regulations.*
o Minor temporary problems after a vasectomy:	
May cause moderate amount of pain or swelling or discoloration for the first couple of days following surgery.	
o Major problems of a vasectomy:	*Remember, emphasize that vasectomy is not castration. The testes are not removed.*
> Epididymitis, or inflamation of the epididymis	
Adhesion of the vas deferens to the scrotal skin	
Abscess or infection caused by the stitches around the tied vas deferens	
Hematoma or blood clot at the surgical site	
Orchitis, or inflammation of the entire testicle	
Surgical failure which could result in pregnancy	
Lump of inflamed tissue, granuloma, found at the site of surgery represents a localized immune or allergic reaction.	
Psychological regret	

* Effectiveness rates from: Contraceptive Technology by Hatcher et al.

POINTS TO COVER	TEACHING SUGGESTIONS
o <u>People who may not be able to have a vasectomy:</u> The clinician will evaluate the medical history and physical examination to determine safety and feasibility of the procedure.	
o <u>Disadvantages of a vasectomy:</u> Must be considered permanent and irreversible Resumption of intercourse without a method of birth control must be delayed until two ejaculates in succession contain no sperm (requires microscopic examination of semen specimens by trained personnel). The long term effects are not known at this time.	
o <u>How to obtain a vasectomy</u>? A specially trained medical physician must perform the procedure. A vasectomy may be obtained through a family planning clinic or a private physician.	*Indicate to clients the need for additional counseling and special consent forms if this method is desired.* *DHHS consent forms must be used if Federal monies are used.*
o <u>How will a vasectomy affect your sex life</u>? Removes fear of pregnancy No medical reason for change in sex drive	
o <u>Detailed description and instructions can be left out during the initial review of methods. A client who chooses this method should have specific instructions as indicated:</u> A vasectomy is an operation which separates each of your vas deferens (the two tubes which carry sperm from the testicles to the outside of the	

POINTS TO COVER | TEACHING SUGGESTIONS

body) so that sperm can no longer be transported into the man's semen. Ejaculation will continue as before.

The vasectomy is performed in the doctor's office under local anesthesia. Two small incisions (cuts) are made on each side of the scrotum, through which the doctor reaches the sperm ducts, cuts them and closes them off. The incisions on the skin are closed with stitches. The operation, including anesthesia, usually takes about 15-20 minutes. You can usually go home shortly after the operation.

Vasectomy is considered a safe and simple operation, but occasionally an individual will have some problems afterwards.

- Questions That You Should Be Prepared to Answer:

"Will the semen look different?"

"Will the semen feel different?"

"Will I still ejaculate?"

"Will my sex drive change?"

"Will I still ejaculate the same amount?"

"Is it the same as castration?"

- Your Agency's Answers:

POINTS TO COVER	TEACHING SUGGESTIONS
O Provide information and education to the client(s) about breast self-examination	*16mm or video-tape player utilized in conjunction with discussion*
o BREAST SELF-EXAMINATION Breast self-examination enables women to recognize normal and abnormal signs or symptoms in the breast. BSE should not be viewed solely as a means of detecting breast cancer, but should also be considered an opportunity to learn about the normal condition of the breast.	*Omni communicator as well as cassette* *Pamphlets from the American Cancer Society*
o Why should breast self-examination be performed? BSE is performed monthly to check for lumps or anything that feels unusual.	
o When to perform breast self-examination It is best to check the breast on a regular basis -- after each menstrual period. Post-menopausal women should use the first or the last day of the month to perform BSE. Pregnant or lactating women should use the first or last day of the month to perform BSE, or any other day that they will remember, such as the birth date.	*Clients should be encouraged to perform BSE every month following menstruation.*
o What to do if something abnormal or unusual is detected It is important to see a physician as soon as possible. Most lumps and/or discharges are not cancer, but only a physician can find out for sure.	*Handouts on breast self-examination are to be taken home by clients.*

POINTS TO COVER	TEACHING SUGGESTIONS
o How to perform breast self-examination? BSE is a simple technique involving two basic steps, looking and feeling. First, look at the breast in the mirror. Next, feel both breasts, placing a pillow under the breast being examined. With the fingers flat and held together, the woman gently presses around every part of the breast. Each nipple should also be squeezed to check for a discharge.	*Individuals with certain physical disabilities may need instructions which take into consideration certain difficulties with coordination or lack of sensation.* *Demonstrate how the breast should be examined. Breast model (i.e., silicone, hand-held model).* *Remember to tell client it is important to examine under the arms when doing BSE. The important thing is to be able to feel all areas of the breast tissue.*
O Questions That You Should Be Prepared to Answer: "Will I be able to feel any lumps?" "What should I do if I feel a lump?" "What should I do if I have a discharge?" "If I find a lump, does it mean I have cancer?" "If I find a lump, does it mean I need to have my breast removed?"	*Male partners can be taught breast self-examination for themselves and their female partners.* *Encourage clients to illustrate on breast model how the exam is performed.*
O Your Agency's Answers:	*Individuals with severe visual impairments will need a verbal presentation and sufficient time to feel the breast model.*

POINTS TO COVER	TEACHING SUGGESTIONS

O Provide basic information to the client(s) about sexually-transmitted diseases (V.D.)

o SEXUALLY-TRANSMITTED DISEASES

Sexually-Transmitted Diseases are diseases and infections which are transmitted primarily through sexual contact, genital, oral or anal. Most can be cured easily if treated early, but some can result in permanent disability or death if untreated.

Explain that additional information may be obtained from the written literature distributed or at the time of the follow-up visit. If the client(s) has an immediate concern or problem, then utilize individual discussion after the group session. Clients should be informed that their concerns can best be handled by the clinician during the examination. It should be emphasized that the client has to tell the clinician what the concern is.

o Common Signs and Symptoms:

Discharge from vagina or penis, pain or burning on urination, sore or lesion on genitals, or pelvic pain.

O Questions That You Should Be Prepared to Answer:

"Where did I get it from?"

"If I have V.D., does it mean my boyfriend/girlfriend has it too?"

"Do I need to tell my partner I have an infection?"

"Can I bring him here to be treated?"

"Can I have intercourse?"

"What are the signs of V.D.?"

"How long will it take to get rid of it?"

"Can I have intercourse while I use the medication or do I need to abstain?"

Handouts on sexually-transmitted diseases and vaginal infections are to be distributed to client(s), if desired.

Remember to document the education session on the client's chart.

O Your Agency's Answers:

INITIAL FAMILY PLANNING VISIT

CLIENT SIGNS METHOD-SPECIFIC CONSENT

TITLE X GUIDELINE: A voluntary informed consent must be obtained from the client before prescribing or administering contraceptives.

STAFFING: The health worker facilitating this process may vary depending on the needs of the clinic.

LEARNING OBJECTIVES: Before signing the consent form, the client should be able to:

- Discuss the definition, purpose and function of informed consent.
- Describe how the selected method works, its effectiveness, major and minor problems associated with the method, and other options available.

POINTS TO COVER

- Explain to the client what "method-specific" consent means.

  Method-specific informed consent states that a client has received information and education concerning the benefits and risks of the chosen contraceptive method; recognizes the alternative contraceptive methods available; has had an opportunity to ask questions; and has the right to withdraw from the chosen method at any time.

- Questions That You Should Be Prepared to Answer:

  "Can I change my mind?"

  "What if I decide I don't like using . . .?"

  "Why do I have to sign this?"

  "Does my husband have to consent?"

  "Do my parents have to sign the form?"

  "Will anyone tell my parents that I am using birth control?"

TEACHING SUGGESTIONS

- Attitudes to be Conveyed:

  Be warm, pleasant and accepting.

  Be patient.

  Encourage questions.

- Materials and Resources:

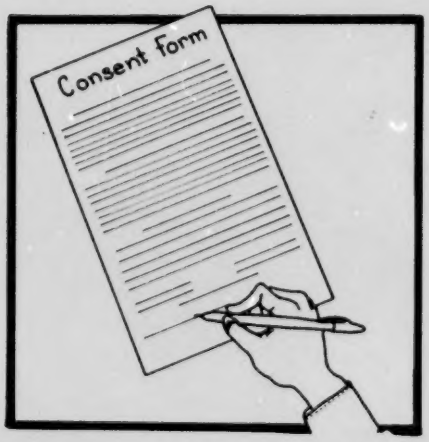
  Consent forms and clipboard

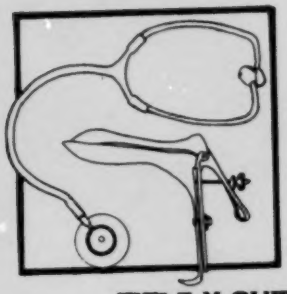
  Pens (All legal documents should be completed in ink.)

- Education Methods and Strategies:

  Assess client's understanding of her right to withdraw consent without jeopardizing benefits from any Federal or State funded programs.

POINTS TO COVER	TEACHING SUGGESTIONS
O Your Agency's Answers:	*Allow clients to discuss the consent with their partners, as appropriate.*
	Allow clients to take consent form home to discuss with significant persons, as necessary.
	Have all forms printed in the primary language of the clients.
	Develop audiotapes to accompany the written consent form. Use when appropriate with clients who have limited reading skill or a visual impairment.
	Clients who have been adjudicated "incompetent" should have information presented to them, as well as to their legal guardian.
	Obtain auditor witness as appropriate, especially for clients who have developmental disabilities.
	Encourage clients to bring an advocate, as appropriate.
	Review patient rights.
	Reinforce confidentiality.
	Give client a copy of the consent form.





INITIAL FAMILY PLANNING VISIT

PHYSICAL EXAMINATION PROCESS

TITLE X GUIDELINE: Information and education should be provided to clients regarding the physical examination, the pelvic examination, and routine lab test performed during the pelvic examination; instructions for breast self-examination should be provided.

STAFFING: This process is performed by a clinician, i.e., physician, nurse practitioner, nurse midwife, physician assistant, etc. However, another health worker may be designated to provide information and/or education, i.e., nurse, health educator, etc.

LEARNING OBJECTIVES: By the end of the physical examination process, the client will be able to:

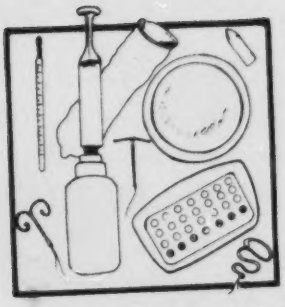
- O Name at least two lab tests performed during the pelvic exam.
- O Explain the technique of breast self-examination, why BSE is important and when it should be performed.

POINTS TO COVER	TEACHING SUGGESTIONS
O Describe the physical exam: o Height, weight, blood pressure (may be completed during other processes such as the interview). o Thyroid palpation for enlargement or nodules o Heart and lung auscultation for abnormal sounds o Breast examination--inspection for any dimples, increased venous patterns, orange peel appearance of skin, palpation of breast and axillae for lumps, nodules o Abdominal palpation for enlargement of liver, masses, pain or tenderness o Inspection of lower extremities for varicose veins, palpation of calves for tenderness	O Attitudes to be Conveyed: *Be sensitive to client's anxieties.* *Be patient.* *Be warm and pleasant, encourage questions.* *Support and reassure the clients, especially teenagers or persons having their first pelvic exam.* *Reinforce confidentiality.* O Materials and Resources: *Pamphlets, brochures, and handouts describing the physical exam* *Speculum for client to see and feel*

POINTS TO COVER	TEACHING SUGGESTIONS
o Inspection of external genitalia hair distribution rashes, swelling, lesions parasites	*Mirror for client to see the cervix.* *Construct visual mobiles and hang over the exam table, or fix educational posters from the ceiling above the exam table.*
o Inspection of vagina for cystocele and rectocele.	*Have cotton swabs, pap sticks, culture plates for client to see while explaining the lab specimens collected during the pelvic exam.*
o Bimanual exam Palpation of the uterus for size, consistency, shape and position Palpation for masses or tenderness in the adnexal area	O Education Methods and Strategies: *Ask client if he/she has been doing BSE. If yes, ask client to demonstrate.* *Ask client to describe the exam; fill in the gaps.*
o Rectovaginal exam Maneuvers of bimanual exam repeated with one finger remaining in the vagina and one in the rectum - the back side of the uterus can often be felt better during the rectovaginal exam; masses or tenderness deep in the pelvis may be detected by the rectovaginal exam.	*Allow client to visualize her cervix; some clients may not want to use the mirror. Do not insist.* *Encourage questions.*
o Briefly describe the instruments used during the pelvic exam.	O Special Considerations: *Clients who receive their first pelvic examination may need extended explanation of the procedure, support and reassurance, especially the very young teen client.* *Individuals with developmental disabilities need to have information presented at their level of comprehension. Repetition and reinforcement with frequent feedback should be used.*
O Questions That You Should Be Prepared to Answer: "Will the pelvic exam hurt?" "Will I have to take my clothes off?" "Is there a woman doctor to examine me?" "Will you be able to tell if I am pregnant?" "My period is on . . . can I still be examined?" "Can you examine me during my period?" "Will I be able to know if I feel a lump in my breast?"	

POINTS TO COVER	TEACHING SUGGESTIONS
"Why do I have a discharge?"	*Individuals with visual impairment need sufficient time to touch and feel instruments, the exam table, etc.*
"If my exam is normal, why do I have pain when I have sex?"	*Individuals with physical disabilities may need an exam table that lowers, or special assistance in getting on the exam table.*
"Do you have to use that thing. . ? (Referring to speculum)	*Some individuals having physical disabilities will need to have the exam performed in positions other than the lithotomy position. Do not try to force a client's legs up in stirrups if they won't go.*
"Is my pressure high?"	*Some individuals with limited movement of the extremities may not be able to hold the mirror to see the cervix. Provide assistance.*
"How can my blood pressure be high when I have low blood?"	*Teach men how to do BSE on themselves and their partner, as acceptable to the couple.*
O Your Agency's Answers:	*Men may prefer to learn BSE in a group with other men; determine what is appropriate for your target population(s).*
	Clients with hearing impairments need information presented by pamphlets, reinforced by large captioned films, slides, or posters.
	Arrange for a sign language interpreter to be present during the exam, as appropriate.

POINTS TO COVER	TEACHING SUGGESTIONS
	Client's with visual impairment should have information presented, reinforced by audio tapes.
	Provide clients with assistance in undressing and dressing as appropriate.



INITIAL FAMILY PLANNING VISIT

CLIENT RECEIVES METHOD

TITLE X GUIDELINE: Clients should receive information and/or education and be provided an opportunity to have questions answered regarding his/her method of choice.

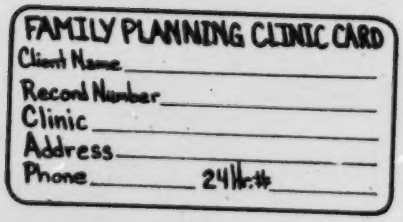
STAFFING: The health worker facilitating this process may be the clinician, nurse practitioner, woman health care specialist, physician assistant, etc. However, another health worker may be designated to provide information and/or education.

LEARNING OBJECTIVES: After obtaining a birth control method, the client will be able to:

- O Explain how to use the method selected.
- O Name at least one other method of birth control which can be used as a back-up method.
- O Explain the importance of keeping appointments and continuing follow-up care.

POINTS TO COVER	TEACHING SUGGESTIONS
O Determine what the client knows about the method selected.	O Attitudes to be Conveyed:
O Cover the following:	*Be warm, be pleasant, and be accepting.*
o How the method works	*Be patient as client manipulates the method.*
o How to use the method	*Encourage questions.*
o Importance of correct usage to effectiveness	O Materials and Resources:
o Effectiveness	*Pamphlet or handout on selected method*
o Minor problems associated with the method	*Method selected and supplies*
o How to use second method	*Second method must include instructions.*
o How to obtain additional supplies	*Paperbag for supplies*
o Emphasize the importance of keeping appointments and continuing follow-up care	*Pen or pencil*

POINTS TO COVER	TEACHING SUGGESTIONS
o Provide emergency care location address and 24-hour telephone number.	O Education Methods and Strategies:
o Explain to client what signs and symptoms should be reported immediately to the doctor, depending on the method selected.	*Utilize individual instruction and encourage questions.*
O Questions That You Should Be Prepared to Answer:	*Demonstrate the use of the method, if appropriate.*
o Specific questions on the use of the method	O Special Considerations:
O Your Agency's Answers:	*Consider the special needs of clients. Provide instruction using posters, audiotapes for reinforcement, etc. as needed.*
	Be sure the client knows where to go for emergency care.



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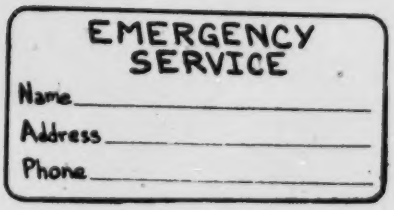

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INITIAL FAMILY PLANNING VISIT

EXIT INTERVIEW PROCESS

TITLE X GUIDELINE: After the selection and receipt of a birth control method, clients should be provided an opportunity to have questions answered competently, courteously, and quickly in lay terms. Information on annual, return visit, and emergency care location address and telephone number should be provided.

STAFFING: The health worker facilitating this process may be the receptionist, health educator, community health worker, nurse, counselor, social worker, etc., depending on the needs of the individual clinic.

LEARNING OBJECTIVES: Upon completion of the exit interview, the client will be able to:

- O Discuss any concern about method use.
- O State when follow-up care is due.
- O Identify clinic services, days, hours and telephone number(s).
- O Identify the location(s) and telephone number(s) for emergency services.

POINTS TO COVER	TEACHING SUGGESTIONS
O Provide additional information and/or education on chosen method, if indicated.	O Attitudes to be Conveyed:
O Explain to client the importance of keeping scheduled appointments and continuing follow-up care.	*Encourage questions.*
O Provide description of clinic services, days, hours and telephone number.	*Be warm and patient.*
O Explain to client were emergency services may be obtained including location, address and 24-hour telephone number.	*Reinforce confidentiality.*
O Review "What would you like to know form" to determine if all questions have been answered. Fill in the gaps.	O Materials and Resources:
O Review quiz to determine if misconceptions have been clarified.	*Manipulate the environment to stimulate learning.*
	Post sign with clinic location and phone number for emergency services.
	Post patient rights.

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POINTS TO COVER	TEACHING SUGGESTIONS
O Be sure client knows what signs and symptoms should be reported immediately to a clinician (nurse practitioner or physician).	*Place educational literature on tables for clients to take home.*
O Assess client satisfaction with services.	*Decorate with very colorful educational posters.*
O Obtain a phone number where client may be contacted, if at all possible.	O Educational Methods:
O Questions That You Should Be Prepared to Answer:	*Individual instruction based on the needs of clients*
"How do I use this method?"	*Have the client repeat instructions in his/her own words.*
"Can I come here for _____?"	O Special Considerations:
"When will my lab tests be completed?"	*All the clients need their confidentiality and privacy protected.*
"Do you ever have clinic at night or on Saturday?"	*All clients will need printed materials appropriate for their reading levels and language needs.*
O Your Agency's Answers:	*Individuals having severe visual impairments should have written information provided verbally or by audio-tapes.*
	Individuals having severe hearing impairments may need the assistance of a sign language interpreter.
	A client advocate and/or health worker may need to be designated to assist clients with special needs.
	Individuals who are not fluent in English may need the assistance of a translator.
	Encourage the man's participation in the exit interview as appropriate.

CLIENT EDUCATION MATERIALS: THE INITIAL VISIT

The materials listed below are grouped under four main headings: general, teenage client, male clients, and Spanish-speaking clients. They represent only a few of the educational materials listed in the catalog issued annually by the National Clearinghouse for Family Planning Information, P.O. Box 2225, Rockville, Maryland 20852. Please contact them to obtain catalogs, order forms and/or additional materials.

It would be beneficial to have your clinic staff identify other educational materials that are useful to your clients in the blank space provided at the end of this section, since the needs of your target population may be addressed by additional materials.

O GENERAL

CONTRACEPTION
National Clearinghouse for Family Planning Information
1976, 30pp, no charge
booklet
This self-instructional booklet explains six methods of preventing pregnancy: oral contraceptives, IUD, diaphragm, condom, foam, and natural methods.

FAMILY PLANNING METHODS OF CONTRACEPTION
National Clearinghouse for Family Planning Information
1976, 4-fold, no charge
pamphlet
This pamphlet discusses contraceptive methods in chart form and includes function, effectiveness, problems, side effects or complications and advantages.

FAMILY PLANNING AND HEALTH
National Clearinghouse for Family Planning Information
1975, 10pp, no charge
booklet
Information is presented on the importance of health for women during their childbearing years. Health is related to family planning, and a self-test on health for women is included.

FEMALE PHYSICAL EXAMINATION FOR CONTRACEPTION
National Clearinghouse for Family Planning Information
1976, 19pp, no charge
booklet
This self-instructional booklet explains and illustrates the routine female physical examination for contraception which should consist of an interview, lab tests, and breast and pelvic exams.

FREEDOM TO CHOOSE MEANS KNOWING ALL THE CHOICES
National Clearinghouse for Family Planning Information
poster, color 9" x 12" and 15" x 20", no charge
Display of all the methods of birth control.

METHODS OF CONTRACEPTION INCLUDING REPRODUCTIVE ANATOMY AND PHYSIOLOGY
National Clearinghouse for Family Planning Information
flipchart
Intended for staff training and patient education.

STERILIZATION IS PERMANENT. . . HAVE ALL THE FACTS AND BE SURE YOU'RE SURE
National Clearinghouse for Family Planning Information
poster, black, white and red, 9" x 12" and 15" x 20", no charge
Utilizes an international symbol for prohibition.

SPACING PREGNANCIES MEANS: SAFER PREGNANCIES, HEALTHIER BABIES, BETTER TIME WITH EACH BABY, TIME FOR YOURSELF
National Clearinghouse for Family Planning Information
poster, white, brown and orange, 9" x 12" and 15" x 20", no charge
A sketch of three pairs of tennis shoes is featured.

UNDERSTANDING FEMALE STERILIZATION
National Clearinghouse for Family Planning Information
1976, 13pp, no charge
booklet
This self-instructional booklet explains female sterilization in general and describes and illustrates tubal sterilization in particular.

o TEENAGE CLIENTS

THE CHOICE IS YOURS

National Clearinghouse for Family Planning Information
1979, 22pp, no charge
booklet
Reviews the methods of birth control through a self-administered "quiz." The various illustrations of the birth control methods are clear and simple. Targeted at teens and can be used as a stand alone document or with the film, "The Choice is Yours."

THE CHOICE IS YOURS

National Audiovisual Center
1978, 16mm, color and sound film or video-cassette, 32+ minutes
Presents birth control information in a familiar, fast-moving "game show" format. The film covers the pros and cons of each of the widely available methods in an unbiased, balanced presentation. It is designed to help younger clinic patients make a sound personal decision regarding birth control. Restricted to clinic use.

THE HASSLES OF BECOMING A TEENAGE PARENT
National Clearinghouse for Family Planning Information
1978, 9pp, no charge
pamphlet
Addressed to teenagers, this pamphlet discusses physical problems adolescent mothers may expect, the importance of birth control, and information on fertility, pregnancy, contraceptive methods, and venereal disease.

SAYING NO! WHAT IS THE ONLY 100% EFFECTIVE METHOD OF BIRTH CONTROL?
National Clearinghouse for Family Planning Information
poster, black, white and red, 9" x 12" and 15" x 20"
A van parked under the moonlight is featured.

Population Institute Sports Project

SPORTS POSTERS SERIES:

REGGIE JACKSON "I don't know what I would do if I had a child now I'm not prepared. It takes more than money, you know."
RON CEY "If I had been a father at 16, I'd be playing slow pitch beer league on Sunday afternoon."
WALTER PEYTON "Parenthood is a big responsibility. Be careful that you are not a parent before you want to be."
National Clearinghouse for Family Planning Information
posters, color 16" x 36", no charge

o MALE CLIENTS

A MATTER OF RESPECT
Blackside Films, 238 Huntington Avenue, Boston, Massachusetts, 02115
Telephone: (617) 442-0800
1980, 16mm, color and sound film, 18 minutes
Emphasizes the teenage male sexual responsibility. It is a case study of two young people faced with problems of making decisions about their sexual behavior. The film presents ethnic diversity, youth discussion groups, interviews with men on the streets, and comments by Reverend Jessie Jackson. Especially designed for men 15 to 25 years of age. Also appropriate for use with young females or in mixed groups.

A Teachers/Discussion Guide is available free with purchase of film.

MAN WHO CARES
National Clearinghouse for Family Planning Information
1979, 9pp, no charge
pamphlet
Addressed to men, this pamphlet presents basic information on conception and contraception and describes specific contraceptive methods.

MALE STERILIZATION PROCEDURE
National Clearinghouse for Family Planning Information
1976, 18pp, no charge
booklet
This self-instructional booklet uses clear explanations and instructive diagrams to teach about the vasectomy procedure.

O SPANISH-SPEAKING CLIENTS

BARULLO DE CONVERTIRSE EN PADRES ADOLESCENTES
National Clearinghouse for Family Planning Information
1978, 9pp, no charge
pamphlet
Addressed to teenagers, this pamphlet discusses physical problems, adolescent mothers may expect, the importance of birth control, and information on fertility, pregnancy, contraceptive methods, and venereal disease.

EL HOMBRE QUE SE PREOCUPA
National Clearinghouse for Family Planning Information
1979, 9pp, no charge
pamphlet
Addressed to men, this pamphlet presents basic information on conception and contraception and describes specific contraceptive methods.

EL PLANEAMIENTO FAMILIAR Y LA SALUD
(Translation of Family Planning and Health.)
National Clearinghouse for Family Planning Information
1976, 10 pp, no charge
booklet
Information is presented on the importance of health for women during their childbearing years. Health is related to family planning, and self-test on health for women is included.

EXAMEN FISICO FEMENINO PARA USO DE ANTICONCEPTIVOS
National Clearinghouse for Family Planning Information
1977, 19pp, no charge
booklet
This self-instructional booklet explains and illustrates the routine female physical examination for contraception which should consist of an interview, lab tests, and breast and pelvic exams.

LA ESTERILIZACION FEMENINA
(Translation of Understanding Female Sterilization.)
National Clearinghouse for Family Planning Information
1976, 13pp, no charge
This self-instructional booklet explains female sterilization in general and describes and illustrates tubal sterilization in particular. Designed for use in the clinic setting.

METODOS ANTICONCEPTIVOS INCLUYENDO LA FISIOLOGIA Y ANATOMIA DE LA REPRODUCCION
(Translation of Methods of Contraception Including Reproductive Anatomy and Physiology.)
National Clearinghouse for Family Planning Information
flipchart
Intended for staff training and patient education.

METODOS ANTICONCEPTIVOS EN LA PLANIFICACION FAMILIAR
(Translation of Family Planning Methods of Contraception.)
National Clearinghouse for Family Planning Information
pamphlet, 4-fold
Function, effectiveness, problems, side effects and advantages of contraceptive methods displayed in chart form. No illustrations included.

PROCEDIMIENTO PARA LA ESTERILIZACION MASCULINA
(Translation of A Male Sterilization Procedure.)
National Clearinghouse for Family Planning Information
1979, 18pp, no charge
booklet
This self-instructional booklet uses clear explanation and instructive diagrams to teach about the vasectomy procedure.

LIST OTHER MATERIALS THAT YOU FIND USEFUL:

INITIAL VISIT

AGENCY POLICIES, PROCEDURES AND PROTOCOLS

THE FOLLOW-UP VISIT

The reception and interview processes of the follow-up return visit are similar to the initial visit in terms of information presented. Emphasis should be placed on the client's prior experience with method use, and the understanding of how to use the method or methods correctly.

Explanation of clinic procedures to be performed will vary according to the method, and the reason for the visit. If a pelvic examination is required, the procedures and reason for the examination should be explained. All clients should be asked if they are performing self-breast examination regularly, and instructions should be repeated as necessary.

In addition to discussing method related information, the health worker should describe the optional Sexually Transmitted Diseases Education Session. Clients should be encouraged to attend the session; agencies should make every attempt to provide a group session for return visit clients. However, the information included in this section of the Guidebook on sexually transmitted diseases can be provided on an individual basis. When clients are found to have a sexually transmitted disease, regardless of the visit type, information should be provided. The key is prevention.

As with the initial visit, all laboratory tests performed should be explained including how and when lab results may be obtained.

The exit interview should serve to summarize the visit, and every attempt should be made to assess the client's understanding of what has happened to her/him and why. If there has been a change of method, the staff person responsible for the exit interview must validate the client's knowledge of the new method, including correct usage. The client should be informed about when to return to the clinic and/or how to make the necessary appointment.

A sample flow chart is provided describing the follow-up return visit as presented in the Guidebook. If the sample flow chart can not be used, each agency is encouraged to develop one that is relevant to the particular characteristics of the agency and client population served.

The Follow-Up Visit

Sample Flowchart

BEGIN HERE

PRE-ENTRY PROCESS

Refer to initial visit

RECEPTION PROCESS

Points to cover:

- Reason for visit
- How to update clinic forms
- Where to go next

Attitudes to be conveyed:

- Be warm, pleasant and patient.
- Avoid distractions.

INTERVIEW PROCESS

Points to cover:

- Clinic procedures for follow-up visit
- Complete clinic forms.
- Assess client satisfaction and use of method.

Attitudes to be conveyed:

- Be warm, pleasant and sensitive.
- Reinforce privacy and confidentiality.

EDUCATIONAL SESSION

Points to cover:

- Information on sexually transmitted diseases

Attitudes to be conveyed:

- Be open to questions.
- Be confident and knowledgeable.

EXAM PROCESS

Optional and dependent on client needs and method. For example, a client with diaphragm may be re-examined to determine if the diaphragm is the proper fit.

LABORATORY PROCESS

Optional and dependent on client needs.

CLIENT SIGNS METHOD CONSENT

Optional - unless a new method is selected.

CLIENT RECEIVES METHOD

Optional - dependent on client needs and chosen method. For example, if client had an IUD inserted at previous visit, she will not necessarily receive a method.

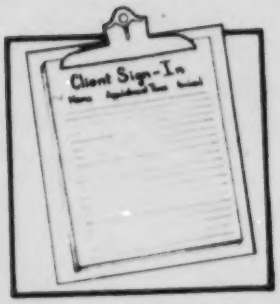
EXIT INTERVIEW

Points to cover:

- Method information
- Keeping appointments
- Clinic services, including emergency location and phone number

Attitudes to be conveyed:

- Be warm, patient and encourage questions.
- Reinforce confidentiality.



FOLLOW-UP RETURN VISIT

RECEPTION PROCESS

TITLE X GUIDELINE: The privacy and confidentiality of the client must be protected at all times. Original clinic data forms should be updated where changes have taken place.

STAFF: The health worker facilitating this process may be the receptionist, community health worker, nurse, health educator, medical assistant, counselor, etc., depending on the needs and resources of the individual clinic.

LEARNING OBJECTIVES: By the end of the reception process each client will be able to demonstrate the ability to:

- Complete and update appropriate clinic information forms.

POINTS TO COVER	TEACHING SUGGESTIONS
O Determine reason for visit.	O Attitudes to be Conveyed:
O Explain how to update forms or appropriate sections of forms, i.e. medical history forms, financial statement and consent forms.	*Be warm and be pleasant when receiving the clients into the clinic.*
O Tell client where he/she should go next, or where to wait.	*Avoid being distracted.*
O Questions That You Should Be Prepared to Answer:	*Avoid expressing a disinterested facial expression or body posture.*
"How long will I be here?"	*Avoid appearing hurried or rushed.*
"What will the doctor do today?"	*Be patient when talking to clients.*
"Is Dr. _____ here today?"	*Avoid being impatient or annoyed.*
O Your Agency's Answers:	O Materials and Resources:
	Forms used during follow-up return visit
	Ballpoint pen (All legal documents should be completed in ink.)

POINTS TO COVER	TEACHING SUGGESTIONS
	Posters with clinic services listed, as well as days, hours and telephone number should be posted in strategic spots around the reception area.
O Education Methods:	
	Individual instructions
	Manipulate the reception environment by placing of posters, pamphlets, etc. in strategic places.
	Use colors that will attract the client's attention, and avoid using decor that is too "feminine." Men may not find the environment comfortable.
O Special Considerations:	
	The client's confidentiality and privacy ought to be protected during this process as well as throughout the clinic process.
	Provide adequate spacing, seating, etc.
	All clients need printed materials and posted information appropriate to their level of reading and language needs.

FOLLOW-UP RETURN VISIT

INTERVIEW PROCESS

TITLE X GUIDELINE: A voluntary informed consent must be obtained from the client before prescribing or administering contraceptives. Privacy must be provided during the interview process.

STAFF: The health worker facilitating this process may be the nurse, social worker, health educator, counselor, etc., depending on the needs and resources of the individual clinic.

LEARNING OBJECTIVES: By the end of the interview process, the client will be able to:

- Describe what clinic procedures are performed during the follow-up return visit.

POINTS TO COVER	TEACHING SUGGESTIONS
O Explain what clinic procedures will be performed during the follow-up return visit, i.e., blood pressure reading, weight, pelvic examination, if indicated, receipt of additional birth control supplies, if indicated, optional education session, etc.	O Attitudes to be Conveyed: *Be warm and pleasant.* *Avoid being rude or impatient.* *Be open to client's questions and answer to the best of your ability.* *Be sensitive to client's special needs.* *Reinforce client's privacy and confidentiality rights.*
O Complete appropriate clinic forms.	
O Alert client if special examination or laboratory work may be warranted.	
O Inform client that the educational session on venereal diseases and vaginal infections will be offered and how important it is for him/her to try to attend if at all possible.	
O Elicit feedback from the clients regarding concerns/questions on chosen method.	O Material and Resources: *Appropriate clinic forms and clipboard* *Ballpoint pen (All legal documents should always be signed in ink.)* *Handout on all sexually transmitted diseases* *Educational packets containing pamphlets, brochures and/or handouts on clinic services, Pap*
O Questions That You Should Be Prepared to Answer: "Do I have to get a pelvic examination?" "Do I have to get my blood drawn?" "Do I have to attend another education session?"	

POINTS TO COVER	TEACHING SUGGESTIONS
"Will they do another Pap smear?" "Do I have to attend the education session on venereal diseases?" O Your Agency's Answers:	*smears, breast self-examination (BSE), and benefits of family planning, etc. for persons who did not receive handouts during the initial visit* O Educational Methods and Strategies: *Individual instruction* *Encourage questions from client.* O Special Considerations: *Individuals possessing severe visual impairments will need printed information, including the consent forms which are transcribed by audiotapes or presented verbally. Allow time for clients to replay tapes before signing consent forms.* *Individuals with any significant developmental disability need information presented in simple nontechnical language.* *Provide clear explanations in the dominant language of the client.* *Instruct client where to sign the consent form if method is changed. Check for accuracy.*

FOLLOW-UP RETURN VISIT

EDUCATIONAL SESSION

(Optional - Information on sexually transmitted diseases may be provided on an individual basis)

RATIONALE: Family planning providers interacting with clients during their reproductive years are frequently called upon to explain sexually transmitted disease. Providing clients with information would presumably assist them in the prevention and early detection of sexually transmitted diseases.

STAFFING: The health worker conducting the educational session may be the social worker, health educator, nurse, counselor, volunteer, etc., depending on the needs and resources of the individual clinic.

LEARNING OBJECTIVES: By the end of the education session on sexually-transmitted diseases and vaginal infections, the clients should be able to:

- O Discuss what sexually-transmitted diseases and vaginal infections are.
- O Name at least two of the most common types of sexually-transmitted diseases.
- O Name at least three of the most common types of vaginal infections.
- O Name at least one local health service where treatment may be obtained for clients of both sexes.
- O Discuss at least three methods of preventing sexually-transmitted diseases and vaginal infections.

POINTS TO COVER	TEACHING SUGGESTIONS
O Inform and educate clients about sexually transmitted diseases and vaginal infections. o Sexually transmitted diseases or STDs is the broad term for those diseases which are spread by sexual intercourse or close sexual contact. Some infections of the vagina are also considered sexually transmitted because they can be passed from one person to another by sexual intercourse. While some of these diseases and infections are almost always spread by sexual contact, others are also capable of being picked up by non-sexual contact.	O Attitudes to be Conveyed: *Be warm and patient.* *Be confident and knowledgeable about all sexually transmitted diseases and vaginal infections.* *Be concerned about each client's understanding of the information presented.* *Listen to questions attentively and observe client's facial expression.*

POINTS TO COVER	TEACHING SUGGESTIONS
o NEISSERIA GONORRHOEAE INFECTION (Gonorrhea or GC) is also known as "the clap," "the drip," "a dose," "strain," or "morning drip." What causes gonorrhea? Gonorrhea is caused by a bacterium called the gonococcus. How do gonococci enter the body? Gonococci enter the body during close sexual contact or sexual intercourse. Signs and symptoms of gonorrhea: Between 3 and 5 days after the bacteria enter the body, the man will usually have a drip from the penis. The man may also have a burning feeling when he urinates. Contrary to popular belief, many men have no signs or symptoms. The woman may or may not have a slight discharge from the vagina along with a burning feeling and/or abdominal pains. Most of the time there are no symptoms in the woman during the early stages of the infection.	*Be considerate of personal concerns, avoid appearing disinterested.* *Be alert to client's sensitivity about venereal diseases. Avoid asking personal questions or embarrassing clients in a session.* O Education Methods: *Group session or individual session, as indicated* *A group session should be conducted if possible.* O Materials and Resources: *Pamphlets, brochures and handouts to be distributed to clients. Packets of educational materials can be pre-assembled before the education session.* *16mm film and projector with screen or video-tape player* *A poster or flip chart can be used to list signs and symptoms of each disease or infection.*

POINTS TO COVER	TEACHING SUGGESTIONS
How is gonorrhea diagnosed? The test for gonorrhea is usually painless. The clinician uses a cotton tip applicator to swab the urethra, the rectum, the mouth of the womb and/or throat as indicated. The secretions collected are placed on a culture plate where the germs will grow in an environment with decreased oxygen. A sample of discharge from the penis is placed on a slide, stained and examined under a microscope.	*Use culture plate and cotton swab to demonstrate how the secretions are placed on the culture medium.* *Review your agency's protocols, make notes here.*
How is gonorrhea treated? Antibiotics, pills or shots, are used to treat gonorrhea. It is important to complete the full course of medicine prescribed.	*If you know what antibiotics are used in your clinic, indicate that to clients.* *Be sure to say that another drug may be used if an allergy exists.*
What problems can develop from gonorrhea in the male? Spread to sex partner(s) Sterility Arthritis	
What problems can develop from gonorrhea in the female? Spread to sex partner(s) Severe infections of the fallopian tubes, ovaries and area around the reproductive organs Sterility Arthritis Tubal pregnancy Infection of newborn baby's eyes at childbirth	*Use anatomical chart of the male and female reproductive systems.* *Have condom exhibit available to demonstrate how condoms are used.* *Be careful not to overload the client; information may be reinforced by a handout.*

NOTES

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POINTS TO COVER	TEACHING SUGGESTIONS
What to do if you think you have gonorrhea	
Contact the health center, clinic or private physician as soon as possible.	
Notify sex partner(s)	
How to prevent gonorrhea	
Be careful in the choice of sex partner(s). If you or your partner have multiple partners, you are more likely to contract gonorrhea.	
Inspect the genital area of sex partner(s). Explain to clients how this might be done during foreplay, such as "milking" the head of the penis and feeling the opening at the same time, looking for a thick discharge from the penis. The genitals of the woman should be inspected for a thick yellowish discharge.	
Use condoms or rubbers when entering into new sexual relationships.	*Demonstrate how condoms are placed on the penis.*
Urinate immediately after sexual intercourse or close sexual contact.	
Wash the genital area with soap immediately after sexual intercourse or close sexual contact.	*Demonstrate how to wash or wipe from front to back.*
Get periodic examination including a GC culture.	
O Questions That You Should Be Prepared to Answer about Gonorrhea:	*Encourage the client to ask questions.*
"Can you get gonorrhea from a toilet seat?"	*Be prepared to answer questions most commonly asked.*
"How do you know if someone has gonorrhea?"	
"If a person is dirty does that mean they have something?"	

POINTS TO COVER	TEACHING SUGGESTIONS

"If the man doesn't put it in, can you still get gonorrhea?"

"If you are treated for gonorrhea, can you get it again?"

"If you are using birth control, can you still get it?"

"If you have antibiotics at home can you take those?"

"Can a person get gonorrhea without having sexual intercourse?"

O Your Agency's Answers:

POINTS TO COVER	TEACHING SUGGESTIONS

o SYPHILIS (Treponematoses) is also known as "pox," "siff," "lues," "bad blood" or "old Joe."

What causes syphilis?

Syphilis is caused by a spirochete, Treponema pallidum.

How is syphilis contracted?

Treponema pallidum enters the body when the penis, the vagina, the rectum, or the mouth comes in contact with the spirochete.

Signs and symptoms of syphilis:

Tell clients they can read more about syphilis in the pamphlets distributed.

Show clients a picture or illustration of a chancre; emphasize the fact that the sore will disappear without treatment. Also emphasize the fact that it may not be visible if located in the vagina, on the cervix, or under the foreskin of an uncircumcised man's penis.

Between 10 to 90 days after the spirochetes enter the body, a painless sore or chancre may appear on the sex organs, rectum, mouth or other site of infection. Women may not notice this painless sore if it is in the vagina or on the mouth of the womb. The sore is very infectious. There is no discharge with syphilis. Even if the person is not treated, the sore will disappear in several weeks, but the person is still infected.

If untreated, syphilis goes into another stage and causes fever, rash, sore throat, hair loss and enlarged lymph glands. These symptoms will also disappear even if the person is not treated.

If the person remains untreated, syphilis may go into another stage--perhaps years later. Tertiary syphilis may cause heart, blood vessel and brain damage.

How is syphilis diagnosed?

The test for syphilis is usually a blood test that will show the antibodies to the organism about 4 weeks to 3 months after sexual contact. Sometimes a sample scraped from the sore is examined under a special microscope.

POINTS TO COVER	TEACHING SUGGESTIONS
How is syphilis treated?	*Remember, that the treatment for syphilis is usually different than the treatment for gonorrhea!*
Antibiotics, shots or pills, are used to treat syphilis. It is most important to complete the full course of medicine prescribed.	
What problems can develop from syphilis?	*Review your agency's protocol for treatment of syphilis, make notes here.*
Spread to sex partner(s)	*NOTES*
Serious heart disease	
Disease of the nervous system	
Tumors on the skin and bone	
Insanity	
Blindness	
Hearing damage	
Paralysis	
Death in late untreated cases	
What to do if you suspect you have syphilis	*Give clients names, addresses and locations of clinics that will screen and treat, as appropriate.*
Contact the health center, clinic or private physician as soon as possible.	
Notify sex partner(s)	
How to prevent syphilis	*Remember, syphilis is a reportable disease.*
Be careful in choice of sex partner(s). If you or your partner have multiple partners, you are more likely to contract syphilis. Use condoms or rubbers whenever possible, especially when beginning a new sexual relationship or with multiple partners. Wash the genital area with soap immediately after sexual intercourse or close sexual contact.	
Inspect genital area of sex partner(s) for sores. Get periodic examinations including a blood test for syphilis.	

POINTS TO COVER	TEACHING SUGGESTIONS
O Questions That You Should Be Prepared to Answer about Syphilis:	*Encourage the client to ask questions.*
"What is the difference between gonorrhea and syphilis?"	*Be prepared to answer most commonly asked questions.*
"What disease is the most serious . . gonorrhea or syphilis?"	
"Can you have gonorrhea and syphilis at the same time?"	
"How do you know if a person has syphilis?"	
"Can you die from syphilis?"	
"After you have been treated for syphilis, can you get it again?"	
"If you have antibotics at home can you take those?"	
"Can a person get syphilis without having sexual intercourse?"	
O Your Agency's Answers:	

POINTS TO COVER	TEACHING SUGGESTIONS
o NON-SPECIFIC URETHRITIS OR NON-GONOCOCCAL URETHRITIS (NSU or NGU) An infection of the urethra which may be caused by a variety of organisms: bacteria, viruses, fungi or other organisms. Non-specific urethritis most often occurs in men. However, it can also be present in women. What causes non-specific urethritis? Most commonly a germ called Chlamydia trachomatis. How does a person get non-specific urethritis? Commonly by sexual contact. Symptoms usually appear within 5-7 days after exposure. Signs and symptoms of non-specific urethritis: Opaque discharge from urethra Painful, frequent urination How is non-specific urethritis diagnosed? Microscopic exam of urethral discharge Smear and/or culture--to rule out gonorrhea How is non-specific urethritis treated? Antibiotics, shots or pills.	*Tell clients that the following are infections that are most often spread by sexual intercourse or sexual contact, but can occur without sexual activity* *Remember, Penicillin is ineffective in treatment.*

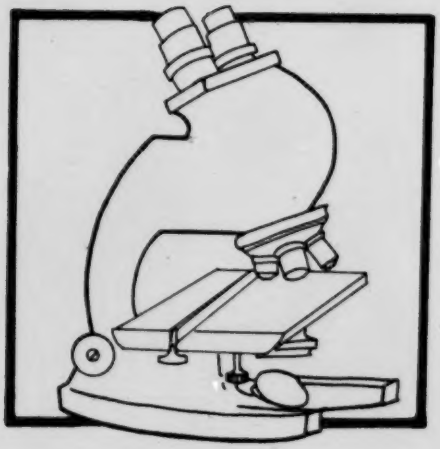
POINTS TO COVER	TEACHING SUGGESTIONS

What problems can develop from non-specific urethritis?

Chronic inflammation of urinary and reproductive systems

Spread to sexual partner(s)

May result in conjunctivitis or pneumonia in newborns delivered of infected females



Review your agency's protocols and make notes here.

NOTES

How to prevent and what to do if disease is suspected is the same as instructions for gonorrhea.

POINTS TO COVER	TEACHING SUGGESTIONS
O *Questions That* You Should Be Prepared to Answer about NSU:	*Encourage questions from clients.*
"How does a person know whether they have non-specific urethritis or gonorrhea?"	
"Can a woman have non-specific urethritis?"	
"Can you get non-specific urethritis without having sexual intercourse?"	
O Your Agency's Answers:	
o CONDYLOMATA ACUMINATA INFECTION (Venereal Warts)	*Show clients photo or illustration of venereal warts. Review textbooks to identify an appropriate illustration.*
Multiple or single growths around the genital area.	
What causes venereal warts?	
Venereal warts are caused by a virus of the papova group, related to the virus causing common skin warts.	

POINTS TO COVER	TEACHING SUGGESTIONS

How do persons get venereal warts?

Venereal warts are spread from one person to another during sexual intercourse or close sexual contact.

Signs and symptoms:

Venereal warts appear on both male and female sex organs within one to three months after contact. The warts are usually dry, painless and resemble warts that occur on other parts of the body.

Remember, condylomata lata, warts associated with secondary syphilis, are moist and flat.

The clinician may want to order lab tests for differential diagnosis.

How are venereal warts diagnosed?

Laboratory test are usually not necessary since warts are easy to see on the genital area.

How are venereal warts treated?

In men and women, the area where the warts are must be kept dry. Women should not wear tight pants, panty hose or nylon underwear. Freezing, burning, chemicals or surgical removal may be required to remove warts.

Review your agency's protocol for treatment and make notes here.

NOTES

POINTS TO COVER	TEACHING SUGGESTIONS
What problems can develop from venereal warts? Venereal warts are usually not serious, however they tend to recur and if present in the vagina or rectum, may be difficult to cure. Warts can become infected. How to prevent venereal warts: Be careful in choice of sex partner(s).	*Emphasize to clients that warts can recur. Advise clients what to do if they think they have venereal warts.*
o Questions That You Should Be Prepared to Answer about Venereal Warts: "Can a person get venereal warts without having sexual intercourse?"	*Encourage questions.* *Be prepared to answer commonly asked questions.*
o Your Agency's Answers:	

o HERPES SIMPLEX VULVITIS AND BALANITIS (Herpes)

Herpes Simplex is a viral infection characterized by fever, general malaise, genital blisters, enlarged lymph nodes and a pattern of recurrence.

What causes Herpes?

Herpes is a viral infection. The virus is similar to the organism that causes cold sores or fever blisters.

How does a person get genital Herpes?

By close sexual contact with an infected person.

POINTS TO COVER	TEACHING SUGGESTIONS

Signs and symptoms:

Small, red painful blisters usually appear 3 to 6 days after sexual contact with an infected person. The blisters usually appear on the man's penis, genital area, groin or rectum. On the woman, the blisters usually appear in the vaginal opening, mouth of the womb or the lips of the vagina.

Remember that the syphilitic sore is usually painless. Herpes lesions are painful.

How is Herpes diagnosed?

Diagnosis is made by a physician when the blisters are observed during the examination, by microscopic exam of cells scraped from a sore, by a complex viral culture procedure, and/or by Pap smear.

How is Herpes treated?

There is no cure for Herpes at the present time. Treatment centers around relieving pain and discomfort and preventing bacterial infection of the lesions. Sores heal spontaneously in 1-4 weeks.

Review your Agency's Protocols and make notes here.

NOTES

What problems can develop from Herpes?

Spread to sex partner(s)

Infection of the newborn at birth may be fatal

Possible relationship to cancer. Women with cervical cancer are more likely to have had repeated Herpes infection in the past than women who don't have cervical cancer.

Blisters can recur

Infections

POINTS TO COVER	TEACHING SUGGESTIONS
How to prevent Herpes?	*Advise clients what to do if they think they have Herpes.*
Remember there is no cure for Herpes; the key is prevention.	
Avoid sexual intercourse or close sexual contact with persons who have genital lesions.	
Inspect the genital area of your partner.	
O Questions That You Should Be Prepared to Answer about Herpes:	*Encourage questions.*
"Will Herpes give me cancer?"	*Be prepared to answer most commonly asked questions.*
"If it can't be cured, will I always be able to infect my partner?"	
"What causes Herpes?"	
O Your Agency's Answers:	
o MONILIASIS (yeast infection or yeast vaginitis) is caused by a fungus, Candida albicans.	
What causes yeast vaginitis?	*Tell clients that most vaginal discharges are normal, whitish and consist of secretions from the cervix or vagina. A discharge is abnormal when it causes itching, burning, or has a foul odor.*
When changes occur in the vagina which upset the normal balance, the fungus grows quicker than usual and causes an infection.	

POINTS TO COVER	TEACHING SUGGESTIONS
Signs and symptoms: Yeast vaginitis causes the woman to have a cheesy white discharge with a strong yeasty odor and itching. The vagina may become dry and inflamed.	*Clients with developmental disabilities should be encouraged to check their discharge daily so that they will become familiar with their normal discharge and be able to determine if/when an abnormal discharge is present. Habituate clients to their own discharge.*
How is yeast vaginitis diagnosed? The woman usually complains of itching and a vaginal discharge. A sample of the discharge is collected by the physican and examined under the microscope.	
How is yeast vaginitis treated? It is usually treated with prescribed vaginal suppositories or creams. The clinician will usually advise use of a condom or rubber during intercourse.	*Review your agency's protocol for treatment of monilia vaginitis, and make notes here.*
What problems can develop from yeast infections? Spread to sex partner(s) Infection of the newborn at birth	NOTES
What to do if you think you have yeast infections? Contact the health center, clinic or private physican	*Client with frequent recurrent yeast infections should be screened for diabetes, which may predispose them to yeast infections. If client is on birth control pills, an alternate method may be considered.*
How to help prevent yeast infection? Females should avoid excessive douching. Females should wash and wipe from front to back (not back to front) Females should avoid the use of perfumed feminine hygiene agents, perfumed toilet tissue, etc. Females should avoid wearing garments which fit tightly in the crotch area, such as pantyhose with a nylon crotch, tight fitting pants, etc.	

POINTS TO COVER	TEACHING SUGGESTIONS
O Questions That You Should Be Prepared to Answer about Yeast Vaginitis:	*Encourage the client to ask questions.*
"Does a person have to have sexual intercourse to get a yeast infection?"	*Be prepared to answer most commonly asked questions.*
"How do you know if you have a yeast infection if you always have a discharge?"	
"Is a yeast infection a venereal disease?"	
"Can a woman give a yeast infection to her partner?"	
"Will douching cure a yeast infection?"	
"Can a person have a yeast infection more than once?"	
O Your Agency's Answers:	
o TRICHOMONAS VAGINALIS VAGINITIS ("Trich" vaginitis) is an infection of the vagina that produces a frothy, thin, greenish white or yellowish discharge.	*Some pharmaceutical companies have free client education literature on vaginitis. Determine what literature is available to you. Select materials that are colorful and will help the client differentiate normal from abnormal vaginal discharge*
What causes "Trich" vaginitis?	
"Trich" vaginitis is caused by a one celled organism that is found in both men and women.	

POINTS TO COVER	TEACHING SUGGESTIONS

How does a person get "Trich" vaginitis?

The infection is usually transmitted by sexual intimacy. The organism may live on wet towels, bathing suits etc. for a few hours and may therefore be transmitted by non-sexual contact.

Signs and symptoms:

Use a flip chart diagram of the female reproductive system to illustrate what organs may be involved.

The women will usually have a foul smelling frothy greenish white, yellowish, or greyish discharge from the vagina. Soreness and itching of the genitals may also be present. Painful or difficult urination occurs in some women. Men usually have no symptoms, but may harbor the organisms in their bodies just the same.

How is "Trich" vaginitis diagnosed?

The woman usually complains of severe itching, a foul vaginal discharge, swelling, and/or burning during urination. A sample of the discharge is collected and examined under the microscope for the Trichomonas vaginalis organism.

How is "Trich" vaginitis treated?

Review your agency's protocol for treatment, and write notes here.

Treatment for "Trich" usually consists of prescribed oral medication (taken by mouth) and the use of a condom or rubber.

The man, even if he has no symptoms will need treatment at the same time.

NOTES

What problems could develop from "Trich" vaginitis?

Spread to sex partner(s)

The women may develop a recurring inflammation of the glands and tubes in the reproductive or urinary system.

Infection of the newborn at childbirth.

POINTS TO COVER	TEACHING SUGGESTIONS
O Questions You Should Be Prepared to Answer about "Trich":	*Emphasize to clients that the man should receive treatment also.*
"Can a person have "Trich" and not know it?"	*Encourage the client to ask questions.*
"Can you get it from a man?"	*Be prepared to answer most commonly asked questions.*
"Can you give it to a man?"	
"What happens if the man is not treated?"	
"Can a person get "Trich" without having sexual intercourse?"	
O Your Agency's Answers:	

o HAEMOPHILUS VAGINALIS VAGINITIS OR CORYNEBACTERIUM VAGINALIS VAGINITIS (Bacterial Vaginitis), formerly called Non-Specific Vaginitis

What causes bacterial vaginitis?

Bacteria harbored in the reproductive tract, called Haemophilus vaginalis, alone or in combination with other protozoan, fungal, bacterial or viral agents.

How does a woman get bacterial vaginitis?

By close sexual contact or sexual intercourse with an infected partner.

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POINTS TO COVER	TEACHING SUGGESTIONS

Signs and symptoms:

The women will usually have a vaginal discharge sometimes with burning during urination. The vagina may become inflamed; itching is not a primary symptom.

How is bacterial vaginitis diagnosed?

Microscopic examination of vaginal discharge.

How is bacterial vaginitis treated?

Treatment usually consist of prescribed vaginal suppositories or creams. Sometimes oral antibiotics are prescribed.

Review your agency's protocol for treatment of bacterial vaginitis, and make notes here.

NOTES

What problems can develop from bacterial vaginitis?

Spread to sex partner(s)

Frequent recurrence

- Questions That You Should Be Prepared to Answer about Bacterial Vaginitis:

"How do you know if you have bacterial vaginitis?"

"Can you get it from a man?"

"Can you get it from a woman?"

"Can you give it to a man?"

Encourage client questions.

Be prepared to answer most commonly asked questions.

- Your Agency's Answers:

POINTS TO COVER | TEACHING SUGGESTIONS

o PHTHIRUS PUBIS INFESTATION (Pubic Lice)

Pubic lice are tiny parasites that infest the pubic hair.

How does a person get pubic lice?

Public lice or "crabs" are spread by sexual intercourse, close sexual contact or infested linen or clothes. Pubic lice are not limited to any particular class of people, anyone can get lice.

Signs and symptoms:

Slight to severe itching in the genital area, especially the area covered by pubic hair.

Rash

How are pubic lice diagnosed?

Diagnosis is made by observation during examination of the pubic hair. The infested person can also observe the lice, if they look closely in the pubic hairs; a light may be necessary. The eggs may appear as tiny white specks attached to the hair shafts.

Microscopic exam of a louse may be done.

How are pubic lice treated?

Ordinary soap will not get rid of pubic lice. The physician must prescribe a special soap or lotion which when used will kill the lice and their eggs.

What problems can develop from pubic lice?

Spread to sex partner(s)

Spread to household family members from clothing or linen

Review your agency's protocol for treatment, and make notes here.

NOTES

POINTS TO COVER	TEACHING SUGGESTIONS
Scratching may lead to secondary infection.	
What to do if you think you have pubic lice	
Contact the health center, clinic or private physician	*Remember, the medication must be prescribed by a physician.*
Notify your sex partner(s)	
Handle all clothes and linen carefully. Separate infested person's clothes and linen from other family member's.	*Remember, pubic lice can be spread to other family members.*
How to keep from getting pubic lice?	
Be selective in choice of sex partner(s)	
Avoid sitting or lying on linen in hotels, or motels before inspecting the linen.	
O Questions That You Should Be Prepared to Answer about Pubic Lice, "Crabs":	*Encourage client questions.*
"Can a person get crabs without having intercourse?"	*Be prepared to answer most commonly asked questions.*
"Will soap and water kill crabs?"	
"How can you tell if a person has crabs?"	
"Can a 'clean' person have crabs?"	
O Your Agency's Answers:	

POINTS TO COVER	TEACHING SUGGESTIONS

o SARCOPTES SCABEI INFESTATION (Genital Scabies)

Infestation caused by a mite Sarcoptes scabei that burrows into the skin of infested person. The mite can not be seen with the naked eye.

What causes genital scabies?

A parasitic mite

How does a person get genital scabies?

Scabies is spread by sexual intercourse, close sexual contact or infested linen or clothes. Scabies is not limited to any particular class of people; anyone can get scabies.

Remember, the mite may infest clothing or linen and be contracted by family members.

Signs and symptoms:

Intense itching

Small reddish, elevated lesion on skin

Tracks caused by burrowing

How is scabies diagnosed?

Appearance of track

Microscopic examination of mites from skin scrapings.

How is scabies treated?

Hot bath

Application of prescribed lotion

Complete laundering of clothing, linens, towels etc. to prevent reinfection.

Review your agency's protocol for treatment of scabies. Sexual partners and family members should be examined and treated as applicable to prevent reinfestation; write notes on the next page.

POINTS TO COVER	TEACHING SUGGESTIONS

What problems can develop from scabies?

Spread to sex partner(s)

Scratching may lead to secondary infection.

What to do if you think you have scabies

Contact the health center, clinic or private physician; notify your sex partner(s)

Handle all clothes and linen carefully. Separate infested person's clothes and linen from other family members.

NOTES

- Questions That You Should Be Prepared to Answer about Scabies:

"Can a person get scabies without having intercourse?"

"How can you tell if a person has scabies?"

"What is the difference between 'crabs' and scabies?"

"Can a 'clean' person have scabies?"

Encourage questions.

Be prepared to answer most commonly asked questions.

- Your Agency's Answers:

FOLLOW-UP RETURN VISIT

PHYSICAL EXAMINATION PROCESS

TITLE X GUIDELINE: Information and education should be provided to clients regarding the physical examination, the pelvic examination, and routine lab test performed during the pelvic examination and instructions for breast self-examination.

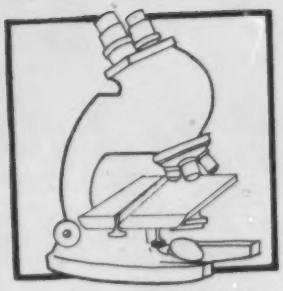
STAFFING: This process is usually performed by a clinician, i.e., physician, nurse practitioner, woman's health care specialist, physician assistant, etc.; however, another health worker may be designated to provide information and/or education, i.e., nurse, health educator, etc.

LEARNING OBJECTIVES: By the end of the physical examination process, the client will be able to:

- O Discuss why an examination was necessary during the follow-up visit, if indicated.
- O Explain the technique of Breast Self-Examination, why BSE is important and when it should be performed.

POINTS TO COVER	TEACHING SUGGESTIONS
O Describe the follow-up visit exam o Weight and blood pressure (may be completed prior to the exam). o Breast examination; inspection for dimples, increase venous patterns, orange peel appearance of skin; palpation of breast and axillae for lumps, nodules. o Inspection of external genitalia. o Bimanual exam, if indicated o Palpation for size, consistency shape and position of the uterus, and for masses or tenderness in the adnexal area. o Rectovaginal exam, if indicated	O Attitudes to be Conveyed: *Be sensitive to the client's anxieties.* *Be patient.* *Be warm and pleasant; encourage questions.* *Support and reassure the clients, especially teenagers.* *Reinforce confidentiality.* O Materials and Resources: *Pamphlets, brochures, and handouts describing the exam.* *Cotton swabs, culture plates, speculum, etc.*

POINTS TO COVER	TEACHING SUGGESTIONS
Maneuvers of bimanual exam repeated with one finger remaining in the vagina and one in the rectum-- the back side of the uterus can often be felt better during the rectovaginal exam.	
o Briefly describe the instruments used during the pelvic exam, if indicated.	O Education Methods and Strategies: *Individual instruction* *Encourage questions*
O Questions That You Should Be Prepared to Answer: "Why do I need another pelvic examination?" "My period is on . . .can I still be examined?" "Do you have to use that thing again?" (referring to the speculum) "Is my pressure high?" "Will I be able to get my _____ today?" "Do I need another Pap smear?"	O Special Considerations: *If pelvic exam is indicated, the client may need reassurance.* *Be careful not to increase anxiety about the exam and be specific about why the exam is necessary.* *Assess the client's comfort with performing BSE. Some degree of discomfort, especially at first, is not unusual. The client may be motivated to overlook the momentary discomfort by stressing the importance of BSE. Encourage a long range view.* *If client retains the same birth control method, reassess prior learning on method-usage.* *Reinforce method instruction.*
O Your Agency's Answers:	



FOLLOW-UP RETURN VISIT

LABORATORY PROCESS

TITLE X GUIDELINES: Every effort should be made to assure that any laboratory tests performed either by or for the clinic are of the highest quality. For those clients whose initial laboratory examinations reveal abnormalities of a significant nature, there must be specific follow-up with arrangements for receiving feedback regarding outcomes.

STAFFING: The health workers performing the laboratory procedure should be adequately trained for their tasks and be knowledgeable about the procedures being performed. Clients should be provided information and instructions on specific laboratory procedures before the procedures are performed.

LEARNING OBJECTIVES: Upon completion of the laboratory process, the client should be able to:

- O Name the laboratory test performed.
- O State where, when, and how laboratory results may be obtained.

POINTS TO COVER	TEACHING SUGGESTIONS
O Inform and educate clients about specific laboratory procedures to be performed. O Explain how laboratory results may be obtained o by mail o by telephone o in person O Explain how long the client will need to wait for results. o same day o other O Explain accuracy of lab tests, especially pregnancy tests. o reasons for false positives o reasons for false negatives	O Attitudes to be Conveyed: *Be warm and pleasant and open to questions.* *Provide reassurance about the laboratory procedure to be performed.* *Show client understanding of the anxieties related to laboratory procedure.* O Materials and Resources: *Pamphlets, brochures, and handouts explaining lab procedures to be performed.*

POINTS TO COVER	TEACHING SUGGESTIONS
O Questions That You Should Be Prepared to Answer: "Will it hurt?" "Do I need another test if I had one before?" "When will I know the results?" "Will anyone else know?" O Your Agency's Answers:	O Educational Method and Strategies: *Individual Instructions* *Explain all lab procedures clearly in lay terms and in the client's primary language.* *Encourage questions; utilize demonstration to assist clients as needed.* O Special Considerations: *Individuals with visual impairments, physical disabilities, or developmental disabilities may need assistance in collecting the urine specimen.* *Clients in wheelchairs will need a lavatory with rails and wider doors.* *Clients with hearing impairments should have the procedures explained by someone fluent in sign language.* *Reinforce confidentiality.* *Do not give lab results by phone unless confidentiality can be guaranteed.*

FOLLOW-UP RETURN VISIT

CLIENT SIGNS METHOD-SPECIFIC CONSENT
(Optional - unless a new method is received)

TITLE X GUIDELINE: A voluntary informed consent must be obtained from the client before prescribing or administering contraceptives.

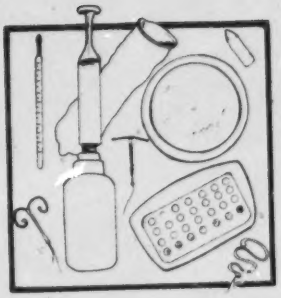
STAFFING: The health worker facilitating this process may vary depending on the needs of the clinic.

LEARNING OBJECTIVES: Before signing the consent form, the client should be able to:

- Discuss why new informed consent is necessary.
- Describe how the selected method works, effectiveness, major and minor problems associated with the method, and other options available.

POINTS TO COVER	TEACHING SUGGESTIONS
O Explain to the client, who changes method, why a new informed consent is necessary. O Inform and Educate clients about their selected method; how the method works, how effective the method is, major and minor problems associated with the method and other options which are available to the client. O Questions That You Should Be Prepared to Answer "Why do I have to sign another consent form?" "Why can't you use the one I signed before?" "Do I have to sign another consent when I come back?" "What does the agency do with the consent form?" "Does the consent form go in my records?"	O Attitude to be Conveyed: *Be warm, pleasant and accepting.* *Be patient.* *Encourage questions from the client.* O Materials and Resources: *Consent forms and clipboard* *Pens (All legal documents should be completed in ink.)* O Education Methods: *Assess the client's understanding of the new consent form.* *Provide client with a copy of the consent form.*

POINTS TO COVER	TEACHING SUGGESTIONS
O Your Agency's Answers:	*As appropriate, assess the client's comfort with the new method. If clients express personal concerns about their inability to use the new method, allow clients an opportunity to discuss their concerns and refer clients to clinician as appropriate.*
O Special Considerations:	*Have all forms presented in the primary language of the client.* *Develop audiotapes to accompany the written consent form and use when appropriate with blind clients, and clients with limited reading skill.* *Instruct clients where to sign the consent form and check for accuracy.* *Obtain an auditor witness when appropriate, especially when working with clients who have developmental disabilities.* *Encourage clients to bring an advocate when appropriate.* *Review patient rights.* *Reinforce confidentiality.*



FOLLOW-UP RETURN VISIT

CLIENT RECEIVES METHOD

TITLE X GUIDELINE: Client should receive information and/or education and be provided an opportunity to have questions answered regarding his/her method of choice.

STAFFING: The health worker facilitating this process may be the clinician, nurse practitioner, woman health care specialist, physician assistant, etc.; however, another health worker may be designated to provide information and/or education.

LEARNING OBJECTIVES: After obtaining a birth control method, the client will be able to:

- O Explain how to use the method selected.
- O Name at least one other method of birth control which can be used as a back-up method.
- O Explain the importance of keeping appointments and continuing follow-up care.

POINTS TO COVER	TEACHING SUGGESTIONS
O Determine what the client knows about the method selected. O Review the following: o How the method works o How to use the method o Importance of correct usage to effectiveness o Effectiveness o Minor problems associated with the method o How to use second method o How to obtain additional supplies o Emphasize the importance of keeping appointments and continuing follow-up care	O Attitudes to be Conveyed: *Be warm, pleasant, and accepting.* *Be patient as client manipulates the method.* *Encourage questions.* O Materials and Resources: *Handout on method selected* *Method selected and supplies* *The second method with instructions* *Paperbag for supplies* *Pen or pencil*

POINTS TO COVER	TEACHING SUGGESTIONS
O Questions That You Should Be Prepared to Answer: o Specific questions on the use of the method. Refer to the initial visit.	O Education Methods and Strategies: *Utilize individual instruction and encourage questions.* *Demonstrate the method's use, if appropriate.* O Special Considerations: *Consider the special needs of the clients. Provide instruction using posters, audiotapes, etc., for reinforcement.*

FOLLOW-UP RETURN VISIT

EXIT INTERVIEW PROCESS

TITLE X GUIDELINE: After the selection and receipt of a birth control method, clients should be provided an opportunity to have questions answered competently, courteously, and quickly in lay terms. Information on annual return visit and emergency care location and address and telephone number should be provided.

STAFFING: The health worker facilitating this process may be the receptionist, health educator, community health worker, nurse, counselor, social worker, etc., depending on the needs of the individual clinic.

LEARNING OBJECTIVES: Upon completion of the exit interview, the client will be able to:

- O Discuss any concern about method use.
- O State when follow-up care is due.
- O Identify clinic services, days, hours and telephone number(s).
- O Identify the location(s) and telephone number(s) for emergency services.

POINTS TO COVER	TEACHING SUGGESTIONS
O Provide additional information and/or education on chosen method, if indicated. O Explain to client the importance of keeping scheduled appointments and continuing follow-up care. O Provide description of clinic services, days, hours, and telephone number. O Explain to client where emergency services may be obtained including location, address and 24-hour telephone number. O Be sure client knows what signs and symptoms should be reported immediately to a clinician (nurse practitioner or physician). O Questions That You Should Be Prepared to Answer: o Questions on the use of methods. o Questions on clinic services.	O Attitude to be Conveyed: *Encourage questions.* *Be warm and patient.* *Reinforce confidentiality.* O Materials and Resources: *Manipulate the environment to stimulate learning. Post sign with clinic location and phone number for emergency services.* *Post patient rights.* *Post sign comparing birth control methods (theoretical and use effectiveness).*

POINTS TO COVER	TEACHING SUGGESTIONS
o Questions on when the results of lab tests will be available.	*Post 24-hour number.*
O Your Agency's Answers:	*Place educational literature on tables for clients to take home.*
	Decorate with colorful educational posters.
	O Educational Methods:
	Individual instruction based on the needs of clients
	O Special Considerations:
	All clients need their confidentiality and privacy protected throughout the entire clinic process.
	All clients will need printed materials and posted information which is appropriate for their reading levels and language needs.
	Individuals having severe visual impairments should have written information provided verbally or on audio-tapes, accompanied by handouts and wallet-size cards.
	Individuals having severe hearing impairments may need the assistance of a sign language interpreter.
	A client advocate and/or health worker may need to be designated to assist clients with special needs.

CLIENT EDUCATION MATERIALS: FOLLOW-UP REVISIT

Please refer to the listing of materials included at the end of the "Initial Visit" section.

LIST OTHER MATERIALS THAT YOU FIND USEFUL:

FOLLOW-UP REVISIT

AGENCY POLICIES, PROCEDURES AND PROTOCOLS

THE ANNUAL VISIT

The annual visit is very similar to the initial visit. Some information will not need to be covered in as much depth during the annual visit. The birth control education session, for example, may provide an update on the method of choice. The client may then be advised that there are other methods available should he/she consider a change of method.

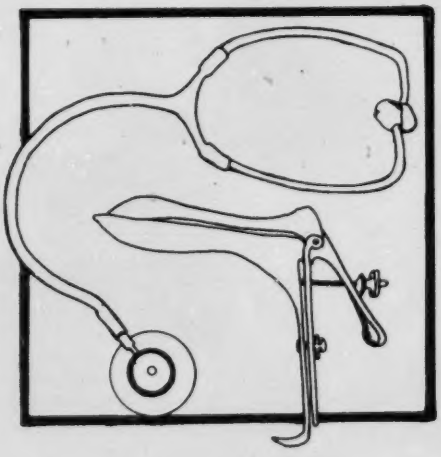
The same information on laboratory procedures and examination procedures may be repeated at the annual visit depending on the client's ability to recall previous instructions. The information should be individualized according to the needs of each client, since some may be fully informed about the annual visit.

The client should be offered the opportunity to demonstrate breast self-examination, and instructions should be provided, if indicated. If the client is doing breast self-examination correctly, the value of this health practice should be reinforced.

A review of method-specific information should be provided to ensure correct method usage. If the client has used a method incorrectly for an entire year, the health worker may have some difficulty convincing the client that a change in behavior is necessary.

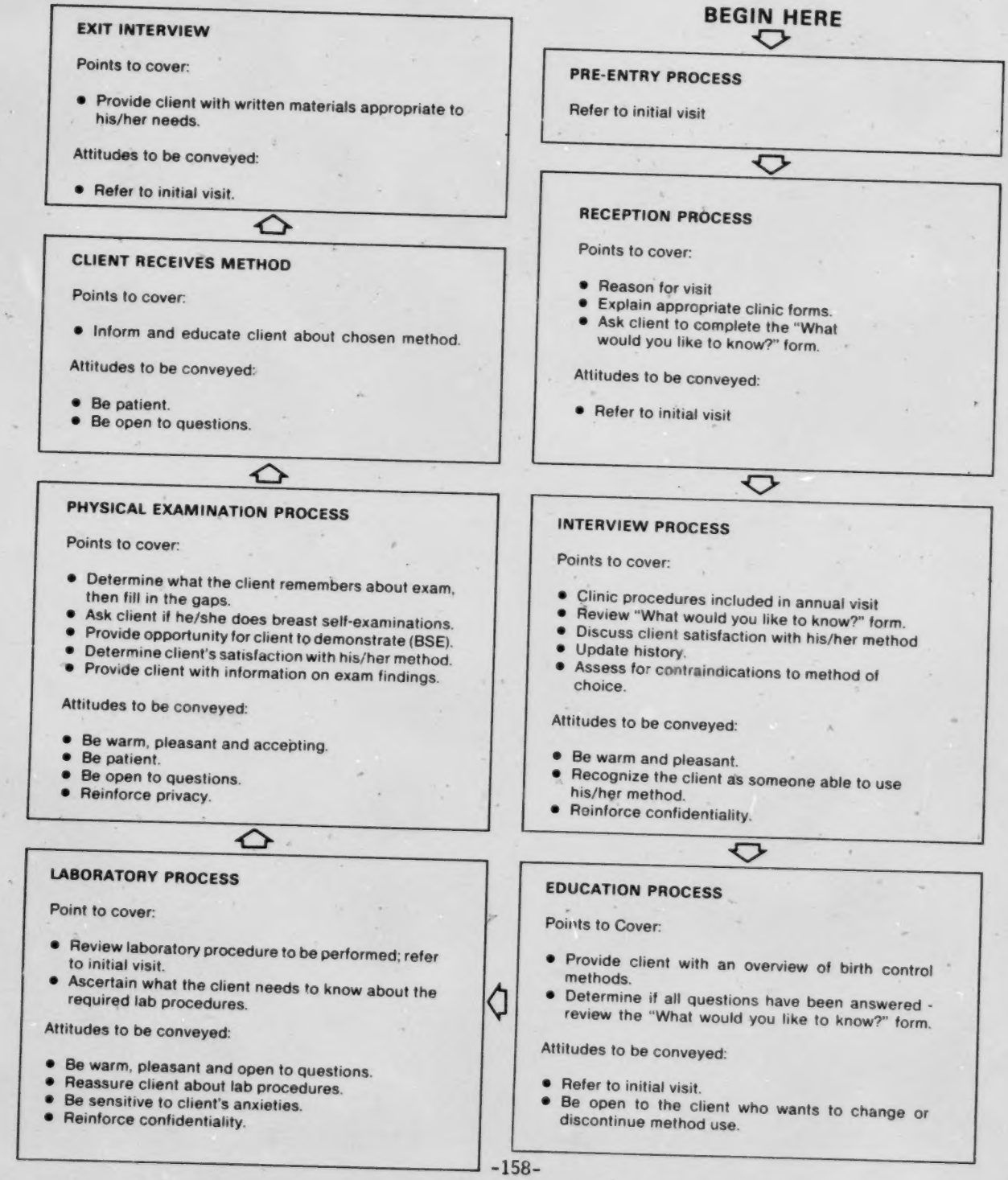
The exit interview should serve to summarize the visit, determine if the client has any unanswered questions and document the educational materials provided to the client. An assessment of client satisfaction may also be done at the exit interview.

A sample flow chart for the annual visit is provided. Each agency should review the sample flow chart and revise it if necessary.



The Annual Visit

Sample Flowchart


BEGIN HERE
PRE-ENTRY PROCESS
Refer to initial visit
RECEPTION PROCESS
Points to cover:
• Reason for visit
• Explain appropriate clinic forms.
• Ask client to complete the "What would you like to know?" form.
Attitudes to be conveyed:
• Refer to initial visit
INTERVIEW PROCESS
Points to cover:
• Clinic procedures included in annual visit
• Review "What would you like to know?" form.
• Discuss client satisfaction with his/her method
• Update history.
• Assess for contraindications to method of choice.
Attitudes to be conveyed:
• Be warm and pleasant.
• Recognize the client as someone able to use his/her method.
• Reinforce confidentiality.
EDUCATION PROCESS
Points to Cover:
• Provide client with an overview of birth control methods.
• Determine if all questions have been answered - review the "What would you like to know?" form.
Attitudes to be conveyed:
• Refer to initial visit.
• Be open to the client who wants to change or discontinue method use.
LABORATORY PROCESS
Point to cover:
• Review laboratory procedure to be performed; refer to initial visit.
• Ascertain what the client needs to know about the required lab procedures.
Attitudes to be conveyed:
• Be warm, pleasant and open to questions.
• Reassure client about lab procedures.
• Be sensitive to client's anxieties.
• Reinforce confidentiality.
PHYSICAL EXAMINATION PROCESS
Points to cover:
• Determine what the client remembers about exam, then fill in the gaps.
• Ask client if he/she does breast self-examinations.
• Provide opportunity for client to demonstrate (BSE).
• Determine client's satisfaction with his/her method.
• Provide client with information on exam findings.
Attitudes to be conveyed:
• Be warm, pleasant and accepting.
• Be patient.
• Be open to questions.
• Reinforce privacy.
CLIENT RECEIVES METHOD
Points to cover:
• Inform and educate client about chosen method.
Attitudes to be conveyed:
• Be patient.
• Be open to questions.
EXIT INTERVIEW
Points to cover:
• Provide client with written materials appropriate to his/her needs.
Attitudes to be conveyed:
• Refer to initial visit.

ANNUAL FAMILY PLANNING VISIT

RECEPTION PROCESS

TITLE X GUIDELINE: The privacy and confidentiality of the client must be protected at all times.

STAFFING: The health worker facilitating this process may be the receptionist, nurse, health educator, medical assistant, counselor, social worker, etc., depending on the needs of the individual clinic.

LEARNING OBJECTIVES: Upon completion of the reception process the client will be able to:

- Complete and update appropriate clinic informational forms, medical history, consent, financial statement, etc. Some clinics may want to utilize self-administered forms.

POINTS TO COVER	TEACHING SUGGESTIONS
O Reason for the visit O Explain to client how to update forms or appropriate sections of forms. O Ask clients to complete the "What would you like to know?" form.	O Attitudes to be Conveyed: *Refer to initial visit.* O Materials and Resources: *Forms used during the annual visit.* O Education Methods: *Refer to initial visit.* O Special Considerations: *Refer to initial visit.*

ANNUAL FAMILY PLANNING VISIT

INTERVIEW PROCESS

TITLE X GUIDELINE: The privacy and confidentiality of the client must be protected at all times.

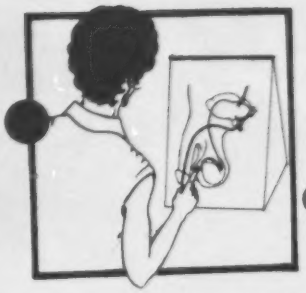
All medical procedures must be explained in lay terms to the client.

STAFFING: The health worker facilitating this process may be the receptionist, nurse, health educator, medical assistant, counselor, social worker, etc., depending on the needs of the individual clinic.

LEARNING OBJECTIVES: By the end of the interview process, the client will be able to:

O Describe what clinic procedures are performed during the annual visit.

POINTS TO COVER	TEACHING SUGGESTIONS
O Explain what clinic procedures are included in the annual visit.	O Attitudes to be Conveyed:
O Review the purpose and function of informed consent.	*Be warm and pleasant.*
O Review "What would you like to know?" form.	*Recognize the client as a person who has been able to use his/her method, if indicated.*
O Discuss client's satisfaction with his/her method.	*Reinforce the confidentiality of the client.*
O Update history	O Special Considerations:
O Assess for contraindications to the method of choice.	*Refer to initial visit.*
	Provide client with a copy of the informed consent document.



ANNUAL FAMILY PLANNING VISIT

EDUCATION PROCESS

(Commonly included as part of the interview for the annual visit)

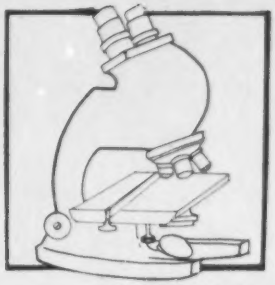
TITLE X GUIDELINE: Clients should receive information and/or education regarding his/her method of choice.

STAFFING: The health worker facilitating this process may be the receptionist, nurse, health educator, medical assistant, counselor, social worker, etc., depending on the needs of the individual clinic.

LEARNING OBJECTIVES: By the end of the group or individual birth control educational session, the client will be able to:

- O Name at least one (1) birth control method other than the method being utilized.
- O Explain how the method works, its effectiveness, common side effects, and complications.

POINTS TO COVER	TEACHING SUGGESTIONS
O Assess client's knowledge and satisfaction related to his/her present method. O Determine if all questions have been answered - Review the "What would you like to know?" form. O Listen attentively for any concerns or problems related to method usage. O Assess and review breast self-examination instructions, if appropriate. O Provide a review of methods, if client is considering a change of method.	O Attitudes to be Conveyed *Refer to the Initial Visit.* *Be open to the client who wants to change or discontinue method use.* O Materials and Resources: *Pamphlet on birth control methods.* *Instruction sheet on the method of choice.* O Special Considerations: *Refer to the initial visit.*



ANNUAL FAMILY PLANNING VISIT

LABORATORY PROCESS

TITLE X GUIDELINE: Minimum initial laboratory tests should be performed: hemoglobin or hematocrit; urine for sugar and protein; Pap smear; gonorrhea culture, if indicated; and serology for syphilis, if indicated.

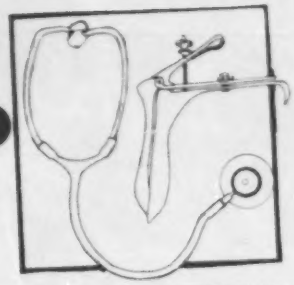
Information and/or education regarding laboratory tests should be provided.

STAFFING: The health worker facilitating this process will vary depending on the needs and resources of the individual clinic.

LEARNING OBJECTIVES: Upon completion of the laboratory process, the client should be able to:

O Name at least two routine laboratory tests performed during the annual visit.

POINTS TO COVER	TEACHING SUGGESTIONS
O Review laboratory procedures to be performed.(Refer to the initial visit.)	O Attitudes to be Conveyed:
O Ascertain what the client needs to know about:	*Refer to initial visit.*
o Hemoglobin or hematocrit	O Materials and Resources:
o Urinalysis	*Refer to initial visit.*
o Pap smear	O Education Methods:
o GC Culture	*Refer to initial visit.*
o Serology for syphilis	O Special Consideration:
o Other, as indicated	*Refer to initial visit.*
	Be sure you know your State or Local Health Department Guidelines.



ANNUAL FAMILY PLANNING VISIT

PHYSICAL EXAMINATION PROCESS

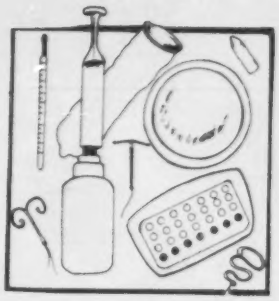
TITLE X GUIDELINE: Information and education should be provided to clients regarding the physical examination, the pelvic examination, and routine lab test performed during the pelvic examination and instructions for breast self-examination. Clients should be provided with the opportunity to change their method, as appropriate.

STAFFING: This process is usually performed by a clinician, i.e., physician, nurse practitioner, woman's health care specialist, physician assistant, etc., however, another health worker may be designated to provide information and/or education, i.e., nurse, health educator, etc.

LEARNING OBJECTIVES: By the end of the physical examination process, the client will be able to:

- O Name at least two lab tests performed during the pelvic exam.
- O Explain the technique of breast self-examination, and why breast self-examination is important.

POINTS TO COVER	TEACHING SUGGESTIONS
O Determine what the client remembers about the exam, then fill in the gaps. O Ask client if he/she does breast self-examination. O Offer client the opportunity to demonstrate his/her technique of breast self-examination. O Determine the client's satisfaction with his/her method. O Provide client with information on exam findings.	O Attitudes to be Conveyed: *Refer to initial visit.* O Materials and Resources: *Refer to initial visit.* O Education Methods: *Question/answer session. Remember, the client has knowledge of the services provided--don't lecture.*



ANNUAL FAMILY PLANNING VISIT

CLIENT RECEIVES METHOD

TITLE X GUIDELINE: Clients should receive information and/or education and be provided an opportunity to have questions answered regarding his/her method of choice.

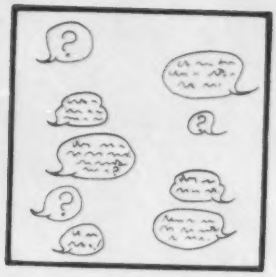
STAFFING: The health worker facilitating this process may be the clinician, nurse practitioner, woman health care specialist, physician assistant, etc., however, another health worker may be designated to provide information and/or education.

LEARNING OBJECTIVES: After obtaining a birth control method, the client will be able to:

- O Explain how to use the method selected.
- O Name at least one other method of birth control which can be used as a second method.
- O Explain the importance of keeping appointments and continuing followup care.

POINTS TO COVER	TEACHING SUGGESTIONS
O Provide client with information on how the method works, how effective the method is, side effects, and complications of the method. O Provide instructions on how to use chosen method. O Explain the importance of using a backup method, if indicated. O Explain how additional supplies may be obtained. O Emphasize the importance of keeping scheduled appointments and continuing follow-up care. O Questions You Should Be Prepared to Answer: "When will I need to come back?"	O Attitudes to be Conveyed: *Be warm, pleasant and accepting.* *Be patient.* *Be open to questions.* O Materials and Resources *Instruction sheet on the method.* O Education Methods *Utilize individual discussion to:* *Update the information on the client's current method.*

POINTS TO COVER	TEACHING SUGGESTIONS
"Will I need to have an exam next time?" O Your Agency's Answers:	*Determine client's understanding of method usage, and fill in gaps and clarify misconceptions, especially if method was changed.* O Special Considerations: *Refer to the initial visit.*



ANNUAL FAMILY PLANNING VISIT

EXIT INTERVIEW PROCESS

TITLE X GUIDELINE: After the selection and receipt of a birth control method, clients should be provided an opportunity to have questions answered.

STAFFING: The health worker facilitating this process may be the receptionist, health educator, community health worker, nurse, counselor, social worker, etc., depending on the needs of the individual clinic.

LEARNING OBJECTIVES: Upon completion of the exit interview, the client will be able to:

- O Discuss any concerns about method use.
- O State when follow-up care is due.
- O Identify clinic services, days, hours, and telephone number.
- O Identify the location and telephone number for emergency services.

POINTS TO COVER	TEACHING SUGGESTIONS
O Review, "What would you like to know?" form.	O Attitudes to be Conveyed:
O Respond to unanswered questions.	*Refer to the initial visit.*
O Determine if client knows emergency location and number.	O Materials Resources and Methods:
O Discuss the importance of follow-up care.	*Refer to the initial visit.*
O Evaluate client satisfaction with services	*Document in the chart education provided.*
	O Special Considerations:
	Refer to the initial visit.

CLIENT EDUCATION MATERIALS: THE ANNUAL VISIT

Please refer to the listing of materials included at the end of the "Initial Visit" section.

LIST OTHER MATERIALS THAT YOU FIND USEFUL.

ANNUAL VISIT

AGENCY POLICIES, PROCEDURES AND PROTOCOLS

THE PREGNANCY TEST VISIT

The Pregnancy test visit will be the first family planning encounter for many clients. Health workers should make every effort to provide information and education as appropriate during this visit. During the reception process, information on how to complete the data forms should be provided. Health workers need to consider the emotional state of the client and provide assistance as needed to facilitate the accurate completion of clinic forms.

The interview process should include a description of procedures to be performed, the type of pregnancy test to be performed, when, where and how the results may be obtained.

After the completion of the laboratory process, information regarding when the results will be available and how they may be obtained should be reinforced; every effort should be taken to give pregnancy tests results to the client in person rather than by telephone. Each agency is encouraged to develop policies and procedures detailing under what circumstances a pelvic exam is to be performed during a "pregnancy test" visit.

The exit interview process should be utilized to discuss the results of the pregnancy test and whether or not the client wants to be pregnant. Depending on the pregnancy option selected, health care continuation should be discussed, i.e., rescheduling back to the clinic, referral to another health care source, etc. Information and education regarding available methods of birth control should be introduced as appropriate, especially for teen clients and clients with a history of repeated unplanned pregnancies.

A sample flow chart describing the pregnancy test visit is provided. Each agency should review the sample flow chart and revise it as necessary.

The Pregnancy Test Visit

Sample Flow Chart

BEGIN HERE

PRE-ENTRY PROCESS

Refer to the initial visit

RECEPTION PROCESS

Points to cover:

- Reason for visit
- How to complete form
- Tell client where to go next

Attitudes to be conveyed:

- Be warm and pleasant.
- Be patient and sensitive.

INTERVIEW PROCESS

Points to cover:

- How pregnancy test will be done
- Whether pelvic exam will be done
- Specimen Collection
- Screen for agents that may interfere with test results
- How test results will be obtained

Attitudes to be conveyed:

- Be warm and pleasant.
- Be sensitive and patient.
- Reinforce privacy.
- Be supportive.

LABORATORY PROCESS

Points to cover:

- Pregnancy test and how and when results may be obtained
- Accuracy of test

Attitudes to be conveyed:

- Be warm and pleasant.
- Provide reassurance.
- Be sensitive to client's anxieties.
- Reinforce confidentiality.

EXAM PROCESS

Points to cover:

- Reason for exam
- Exam finding

Attitudes to be conveyed:

- Be open to questions.
- Be sensitive.
- Reassure and support.
- Reinforce privacy.

EDUCATION PROCESS

Points to cover:

- Exam results
- Importance of using a method when pregnancy is not desired - if appropriate
- Birth control methods - if appropriate

Attitudes to be conveyed:

- Be pleasant, accepting and non-judgmental.
- Be sensitive and supportive.

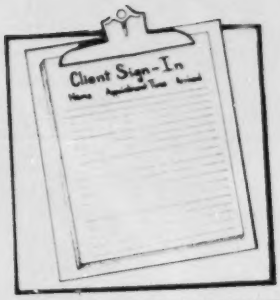
EXIT INTERVIEW

Points to cover:

- Test results
- Assess client's understanding of results
- Assess whether client wants a pregnancy
- Follow-up health care options
- Assess client's need for counseling

Attitudes to be conveyed:

- Respect client's decision.
- Be open and sensitive.
- Reinforce confidentiality.



PREGNANCY TEST VISIT

RECEPTION PROCESS

TITLE X GUIDELINE: Personnel should be selected with due regard for their ability to relate warmly and respectfully to the population being served. (This guideline is extremely important for the pregnancy test visit, since clients are likely to be anxious awaiting the result of a pregnancy test.)

STAFFING: The health worker facilitating this process may be the nurse, health educator, medical assistant, counselor, social worker, etc., depending on the needs of the individual clinic.

LEARNING OBJECTIVES: During the reception process the client should:

- Complete and update clinic informational forms, including the reason for the visit, chief complaint and specific history.

POINTS TO COVER	TEACHING SUGGESTIONS
O Explain to client how to complete forms or appropriate sections of forms, i.e., chief complaint or reason for visit, menstrual history and other history as indicated.	O Attitudes to be Conveyed:
O Tell client where she should go next, or where to wait.	*Be warm and pleasant and avoid being rude and impatient.*
O Questions That You Should Be Prepared to Answer:	*Avoid appearing distracted from client by other activities; avoid expressing a disinterested facial expression or body posture; avoid appearing hurried or rushed.*
"How long will I be here?"	*Be patient when talking to clients, avoid being impatient or annoyed.*
"Will I have to see a doctor?"	*Be sensitive to the clients' need for confidentiality. Do not ask clients to state their reason for coming to a clinic in an area where they can be overheard. Provide privacy.*
"Is Dr. _____ here today?"	
O Your Agency's Answers:	

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POINTS TO COVER

TEACHING SUGGESTIONS

O Materials and Resources:

Forms used during pregnancy visit

Ballpoint pen (All legal documents should be completed in ink.)

Pamphlets, brochures or handouts, or wallet-sized cards which list clinic services, telephone number, days and hours should be given to clients.

Posters which list clinic services, telephone number, days and hours could be posted in strategic and conspicuous spots around the reception area.

Confidentiality poster and, posters listing languages spoken by agency personnel

O Education Methods:

Individual instructions

O Special Considerations:

All clients need their confidentiality and their privacy protected throughout the clinic process.

Adequate space, seating, etc., should be provided.

All clients will need printed materials and posted information which is appropriate to their reading level and language needs.

PREGNANCY TEST VISIT

INTERVIEW PROCESS

TITLE X GUIDELINE: There should be offices or space in which privacy is assured for interviewing, counseling, referring . . ..

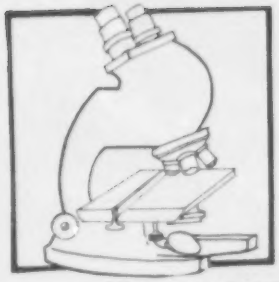
STAFFING: The health worker facilitating this process may be the receptionist, nurse, health educator, medical assistant, counselor, social worker, etc., depending on the needs of the individual clinic.

LEARNING OBJECTIVES: By the end of the interview process, the client will be able to:

- Explain how the pregnancy test will be performed, i.e., urine test, serum test.
- State when, where, and how the laboratory results can be obtained.

POINTS TO COVER	TEACHING SUGGESTIONS
O Explain how the pregnancy test will be performed, i.e., urine test or serum test. O Advise client if a pelvic exam will be done. O Explain how the specimen will be collected. O Screen for agents that may interfere with test results. O Explain when, where, and how the results may be obtained, i.e., same day, another day, by telephone, mail in person, etc. O Questions That You Should Be Prepared to Answer: "Will the test hurt?" "Do I have to be examined by the doctor?" "Will I get the results today?" "Do I have to have blood drawn?" "If I am not pregnant . . . can I get a method today?"	O Attitudes to be Conveyed: *Be warm and pleasant.* *Avoid being rude and impatient.* *Be open to clients' questions and answer to the best of your ability.* *Be sensitive to clients' desires about where, how to obtain test results.* *Results should not be given by phone unless you can guarantee confidentiality.* *Assess clients' emotional status regarding the possibility of being pregnant, i.e., happy, sad, apathetic, etc.* *Reinforce privacy and the confidentiality rights.*

POINTS TO COVER	TEACHING SUGGESTIONS
"Do I have to see the doctor?"	O Materials and Resources:
O Your Agency's Answers:	*Appropriate forms as well as clipboard*
	Ballpoint pen (All legal documents should always be signed in ink.)
	Pre-assembled education packets, containing pamphlets, brochures and/or handouts on the pregnancy testing
	O Education Methods:
	Individual instruction
	Explain clearly all of the information and instructions in the primary language of the client.
	Encourage questions from the client.
	Answer all questions in a sensitive manner.
	O Special Considerations:
	Feedback from all clients should be obtained concerning their understanding of the pregnancy test procedures.
	Persons with serious visual impairments will need printed information transcribed onto audiotape or presented verbally.



PREGNANCY TEST

LABORATORY PROCESS

TITLE X GUIDELINE: Every effort should be made to assure that any laboratory test performed is of the highest quality . . .. All patients shall be treated or referred for continuing care when their tests show abnormal findings. Protect clients' privacy.

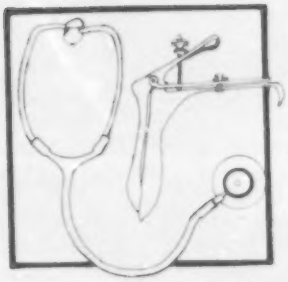
STAFFING: The health worker performing the laboratory procedure should be adequately trained for their tasks and be knowledgeable about the procedures being performed. Clients should be provided information and instructions on specific laboratory procedures before the procedures are performed.

LEARNING OBJECTIVES: Upon completion of the laboratory process, the client will be able to:

- Recall the specific type of pregnancy test performed.
- Recall what has to be done to obtain laboratory results.

POINTS TO COVER	TEACHING SUGGESTIONS
O Inform and educate client about pregnancy test to be performed. o Urine test o Other O Explain how the specimen will be collected, urine or blood. O Explain when, where, and how results may be obtained. o by mail o by telephone o in person O Explain how long the client will need to wait for results. o same day o other	O Attitudes to be Conveyed: *Be warm and pleasant and open to questions.* *Provide reassurance about the laboratory procedure to be performed.* *Show understanding about anxieties related to pregnancy test results.* O Materials and Resources: *Pamphlets, brochures or handouts explaining pregnancy testing* O Education Methods: *Explain all lab procedures clearly in lay terms and in the client's primary language. Encourage questions. Utilize demonstration to assist clients as needed.*

POINTS TO COVER	TEACHING SUGGESTIONS
O Explain the accuracy of pregnancy tests. o reasons for false positive o reasons for false negative O Tell client where she should go next, or where to wait. O Questions That You Should Be Prepared to Answer: "Will it hurt?" "Can I get the results today?" O Your Agency's Answers:	O Special Considerations: *Individuals with visual impairments, physical disabilities, or developmental disabilities may need assistance in collecting the urine specimen.* *Clients in wheelchairs will need a lavatory with rails and wider doors.* *Clients with visual impairments should be allowed to feel the specimen container, if urine is collected.* *Clients with hearing impairments should have the procedures explained by someone fluent in sign language.* *Make every effort to give pregnancy test results in person; avoid phone, and mail unless you can guarantee confidentiality.* *Assess the clients' comfort with obtaining results as indicated.*



PREGNANCY TEST VISIT

PHYSICAL EXAM PROCESS

(Some clinics do not include the physical exam on the same day that a pregnancy test is performed)

TITLE X GUIDELINE: Every effort should be made to assure that any lab test performed is of the highest quality . . .. All patients shall be treated or referred for continuing care when their tests show abnormal findings. The project will not provide abortion as a method of family planning.

STAFFING: This process is performed by a clinician, i.e., physician, nurse practitioner, nurse midwife, physician assistant, etc. However, another health worker may be designated to provide information and/or education, i.e., nurse, health educator, etc.

LEARNING OBJECTIVES: After the completion of the exam, the client will be able to:

O State the reason for the exam.

POINTS TO COVER	TEACHING SUGGESTIONS
O Discuss reasons for an exam.	O Attitudes to be Conveyed:
O Describe exam findings.	*Be open to questions.*
O Tell client where to go next.	*Be sensitive and nonjudgmental.*
O Questions That You Should Be Prepared to Answer:	*Provide reassurance.*
"Why do I need an exam?"	*Be supportive.*
"Will the exam hurt?"	O Materials and Resources:
"Will the exam tell how many months I am?"	*Pamphlets, brochures, or handouts which describe the exam*
"If I know I am pregnant, why do I need an exam?"	*Speculum, that client can see, if used*

POINTS TO COVER	TEACHING SUGGESTIONS
O Your Agency's Answer:	O Educational Methods and Strategies: *Ask client if she has an understanding of the exam procedure; if no, explain.* *Encourage questions.* O Special Considerations: *Refer to initial visit, also;* *Clients may need support and reassurance, especially if the pregnancy is unwanted.*

PREGNANCY TEST VISIT

EDUCATION PROCESS

(Commonly combined with the Exit Interview)

TITLE X GUIDELINE: Following the physical exam . . . the patient should have an interview with an appropriately trained member of the health team for an interpretation of the clinical findings. The interviewer should be able to answer the patient's questions competently, courteously, and quickly and give the patient understandable information . . .. Give pregnancy counseling when appropriate.

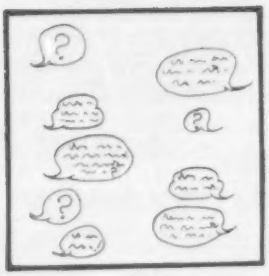
STAFFING: The health worker facilitating this process may vary depending on the needs of the clinic.

LEARNING OBJECTIVES: After the completion of the education session, the client will be able to:

- Discuss the importance of utilizing a birth control method (if pregnancy is not desired).

POINTS TO COVER	TEACHING SUGGESTIONS
O Discuss exam results (usually discussed by the clinician during the exam). O Discuss with client the importance of an individual making use of a method of birth control when pregnancy is not desired, if appropriate. O Inform and educate client about all available methods of birth control, including how the method works, how effective the method is, the minor and major problems which are associated with the method, if appropriate. O Questions That You Should Be Prepared to Answer: "I have tried all the methods and none of them work . . .." "Can I get my tubes tied?" "When can I get a method?"	O Attitudes to be Conveyed: *Be warm, pleasant and accepting.* *Be patient and supportive.* *Be sensitive. Remember, there's an opportunity to educate clients on birth control methods, though many clients will not be ready.* O Materials and Resources: *Use same materials and resources for birth control education session as discussed in the initial visit.*

POINTS TO COVER	TEACHING SUGGESTIONS
O Your Agency's Answers:	O Education Methods: *Individual or group session* *Allow client(s) to discuss their concerns:* *fears or problems with past methods of birth control; pros and cons of not engaging in sexual intercourse, etc.* *Encourage client(s) to use condoms while deciding on a method, if appropriate.* *Assess client(s) need for additional one-to-one education or counseling.*



PREGNANCY TEST VISIT

EXIT INTERVIEW PROCESS

TITLE X GUIDELINE: Following the physical exam . . . the patient should have an interview with an appropriately trained member of the health team for an interpretation of the clinical findings. The interviewer should be able to answer the patient's questions competently, courteously, and quickly and give the patient understandable information . . .. Give pregnancy counseling when appropriate.

STAFFING: The health worker facilitating this process may be the receptionist, health worker, nurse, health educator, medical assistant, counselor, social worker, etc., depending on the needs of the individual clinic.

LEARNING OBJECTIVES: After the completion of the interview process, the client should be able to:

- State the results of the laboratory test, if results have been given.
- State where and how follow-up health care may be obtained.

POINTS TO COVER	TEACHING SUGGESTIONS
O Inform client of pregnancy test results. O Obtain feedback on client's understanding of results. O Discuss whether or not the client wants to be pregnant. O Tell the client how health care may be continued, depending on specific pregnancy option selected: continue pregnancy and keep; adoption; or abortion. o rescheduling back into the clinic o referral to another health care source O Assess client's need for counseling. O Questions That You Should Be Prepared to Answer: "Can the test be wrong?" "Do you provide _____ services here?" (May refer to prenatal, abortion, adoption, etc.)	O Attitudes to be Conveyed: *Be sensitive to client's emotional state after results have been provided.* *Be sensitive to client's need to discuss pregnancy options. Give 3 referrals for each option in writing.* *Be open to client's questions and answer to the best of your ability.* *Respect client's decision if one is made.* *Answer all questions in a sensitive manner.* *Remember, many of the teen clients first come to family planning clinics because of concerns about being pregnant. Providing information and education*

POINTS TO COVER	TEACHING SUGGESTIONS
"Can I call back and tell you what I decided?" "Is there anyone here I can talk to . . .. I don't know what to do?" "I can't be pregnant!" O Your Agency's Answers:	*on birth control methods may be appropriate in this clinic visit. Provide foam and condoms in the interim, as appropriate.* O Materials and Resources: *Have pregnancy test results available.* *A list of available clinic services and a schedule of special clinics, i.e., teen clinics, prenatal clinics, family planning clinic* *A list of outside referral health facilities and specialty clinicians, including locations, addresses, days, hours, services, telephone number, and method of scheduling appointments (If clients are referred to outside providers, address, phone number, etc., ought to be provided in writing.)* O Education Methods: *Individual discussion* O Special Considerations: *Clients who are undecided about options should be encouraged to "think about it" and call the clinic back as soon as they reach a decision. Explain why it is important to reach a decision early in pregnancy.* *Include men in the education, as appropriate.* *Give client the name of a health worker in the clinic who can be called if a referral is needed after the visit.*

CLIENT EDUCATION MATERIALS: THE PREGNANCY TEST

Please refer to the listing of materials included at the end of the "Initial Visit" section.

LIST OTHER MATERIALS THAT YOU FIND USEFUL:

PREGNANCY TEST VISIT

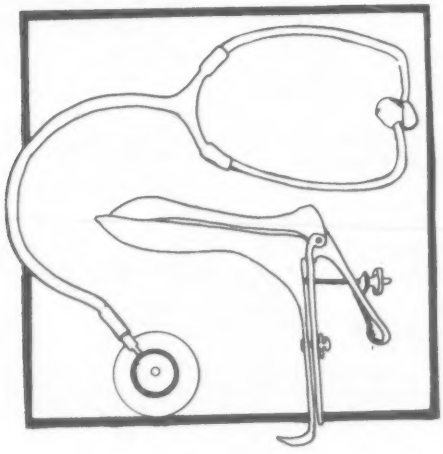
AGENCY POLICIES, PROCEDURES AND PROTOCOLS

THE MEDICAL PROBLEM VISIT

Information presented during the reception process of the medical problem visit is similar to preceding visits. An explanation of the clinic procedures to be performed during the interview process will vary depending on the reason for the client's visits, i.e., method-related problems, menstrual changes, abnormal lab findings, colposcopy, sexually-transmitted diseases and vaginal infections, etc. After the examination process, an explanation of the examination findings, diagnosis or tentative diagnosis and reasons for laboratory test will need to be provided. Specific education describing the medical problem, cause(s), signs and symptoms, treatments, prevention, follow-up care and referrals should be included in the education process.

Emphasis should be placed on the client's responsibility in their medical care and treatment, i.e., medication must be taken as directed by the clinician, continuation or follow-up care as indicated, etc. It is important that the health worker assess the client's understanding of his/her medical problem during the exit interview. Information regarding what signs and symptoms are indicative of a need for emergency care should be provided with the location, address and 24-hour telephone number of appropriate emergency care services.

A sample flow chart describing the medical problem visit is provided. Each agency should review the sample flow chart and revise it as necessary.



The Medical Problem Visit

Sample Flowchart

BEGIN HERE

PRE-ENTRY PROCESS

Refer to initial visit.

RECEPTION PROCESS

Points to cover:

- Reason for visit
- Explain how to complete clinic forms or appropriate sections of forms.
- Listing of clinic services, days, hours and telephone number
- Tell clients where to go next.

Attitudes to be conveyed:

- Be warm, pleasant and accepting.
- Be sensitive to client's anxieties.
- Reinforce confidentiality.

INTERVIEW PROCESS

Points to cover:

- Elicit history of chief complaint.
- Tell client who he/she will need to see.
- Clinic procedures included in the medical visit.

Attitudes to be conveyed:

- Be warm, pleasant, accepting and patient.
- Be sensitive to client's concerns about medical problem.
- Protect the client's privacy.

EXMINATION PROCESS

Points to cover:

- Reason for the examination
- Describe the examination procedure.
- Client diagnosis or tentative diagnosis
- Laboratory test, if indicated
- Why referral is indicated?

Attitudes to be conveyed:

- Be sensitive to client's anxieties.
- Be patient.
- Be warm, pleasant, and encourage questions.

LABORATORY PROCESS

Points to cover:

- Review laboratory procedures to be performed.

Attitudes to be conveyed:

- Be warm, pleasant and open to questions.
- Reassure client about lab procedures.
- Be sensitive to client's anxieties.

EDUCATION PROCESS

Points to cover:

- Medical problem
- Client responsibilities in treatment
- Follow-up procedures

Attitudes to be conveyed:

- Be patient and supportive.
- Be sensitive to client's anxieties.
- Be sensitive to client's anxieties about medical problem.
- Encourage questions.

EXIT INTERVIEW PROCESS

Points to cover:

- Additional information and/or education on chosen method, if indicated
- Importance of keeping scheduled appointment
- Referral services, days, hours and telephone number
- Review instructions given to client.

Attitudes to be conveyed:

- Encourage questions.
- Be warm and patient.
- Reinforce confidentiality.

MEDICAL PROBLEM VISIT

RECEPTION PROCESS

TITLE X GUIDELINE: Personnel should be selected with due regard for ability to relate warmly and respectfully to the population being served. Family planning services must be provided with appropriate medical backup.

STAFFING: The health worker facilitating this process may be the social worker, nurse, medical assistant, volunteer, etc., depending on the needs and resources of the clinic.

LEARNING OBJECTIVES: By the end of the reception process each client will be able to demonstrate the ability to:

- O Complete and update appropriate clinic forms.
- O Identify the location and telephone number for emergency services.

POINTS TO COVER	TEACHING SUGGESTIONS
O Determine reason for the visit. O Explain how to complete or update forms or appropriate sections of forms. O Give client a pamphlet listing clinic services, days, hours, and telephone number. O Give client a pamphlet listing emergency care location, address and 24-hour telephone number. O Tell client where to go next, or where to wait. O Questions That You Should Be Prepared to Answer: "How long will I be here?" "Will I have to see the doctor?" "Is Dr. _____ here today?"	O Attitudes to be Conveyed: *Be warm, pleasant and accepting.* *Be sensitive to the client's anxieties regarding a particular medical concern.* *Reinforce confidentiality.* O Materials and Resources: *Forms used during medical problem visit* *Ballpoint pen (All legal documents should be completed in ink.)* *Distribute handouts and/or wallet-size cards which list clinic services, days, hours and the telephone number, including emergency care services.*

POINTS TO COVER	TEACHING SUGGESTIONS
O Your Agency's Answers:	*Posters assuring confidentiality; posters listing languages spoken by agency personnel*
O Education Method:	*Provide clear instructions to the individual.*
O Special Considerations:	*All clients need their confidentiality and their privacy protected throughout the clinic process. (Adequate spacing and seating, etc., should be provided.)* *All clients will need printed materials and posted information which is appropriate to their reading level and language needs.* *Clinic forms are specific to each provider agency, therefore the instructions should be developed that are particular to the specific forms used.* *Each service provider will identify and have a written agreement with a 24-hour emergency care facility in compliance with Title X Guidelines.* *Clients coming to family planning clinics for medical problems are generally familiar with the clinic flow, staff, etc.; therefore it is important to assess what information is needed prior to instruction.*

MEDICAL PROBLEM VISIT

INTERVIEW PROCESS

TITLE X GUIDELINE: Privacy must be provided during the interview. At the time of the problem visit, there should be appropriate updating of the data base. . . .

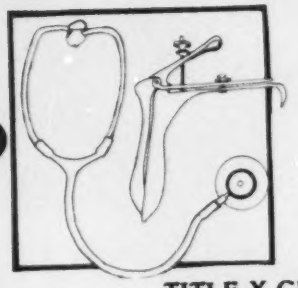
STAFFING: The health worker facilitating this process may be the nurse, social worker, health educator, counselor, etc., depending on the needs and resources of the individual clinic.

LEARNING OBJECTIVES: By the end of the interview process, the client will be able to:

O Describe what procedures will need to be completed during the clinic visit.

POINTS TO COVER	TEACHING SUGGESTIONS
O Elicit history of the chief complaint or reason for the visit. O Inform client about who provides services during the visit. o Clinician o Lab technician o Counselor O Inform client about what is expected to happen during visit. o Lab procedures o Pelvic examination o Regarding a change of method--review the purpose and function of informed consent O Questions That You Should Be Prepared to Answer: "Will the doctor have to examine me?" "Is it serious?" (Referring to particular complaint) "Do I have to have blood drawn?"	O Attitudes to be Conveyed: *Be warm, accepting, patient and pleasant.* *Be sensitive to the client's concerns about any medical problem.* *Protect the client's privacy.* *Be helpful; answer questions as best you can.* *Be honest; if you don't know the answer to a question, say "I don't know but I'll find out."* O Materials and Resources: *Handouts specific to the medical concerns of the client* *Provide client with a copy of the informed consent form if method is to be changed.*

POINTS TO COVER	TEACHING SUGGESTIONS
"Will the doctor tell me what's wrong today?"	O Education Method:
O Your Agency's Answers:	*Individual instructions*
	Explain any and all procedures clearly.
	Encourage questions from clients.
	O Special Considerations:
	Consider the nature of the problem. The client might be hesitant to discuss her signs and symptoms with a non-medical person.
	If the problem is method related, client may have concerns about changing the method.
	If client has a sexually transmitted disease, he/she may be angry, hostile, fearful, and have concerns about sharing information with partner(s).
	If client has an abnormal Pap, client may fear cancer even if Pap is a Class II or Class III. Discuss the Pap smear.
	Persons with repeated episodes of sexually transmitted diseases may need more extensive education and counseling.



MEDICAL PROBLEM VISIT

EXAMINATION PROCESS

TITLE X GUIDELINE: Each project must have, by prior arrangement, a group of agencies to whom patients can be referred because of problems. At the time of problem visit, there should be appropriate examination of the problem area, performance of lab tests, change of method if indicated or referral if appropriate. Patients should be provided with feedback of exam and lab findings.

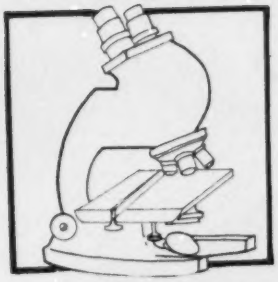
STAFFING: This process is performed by a clinician, i.e. physician, nurse practitioner, nurse midwife, physician assistant, etc.; however, another health worker may be designed to provide information and/or education, i.e. nurse, health educator, etc.

LEARNING OBJECTIVES: By the end of the examination process, the client will be able to:

- O Verbalize the reason for the examination.
- O Restate the examination findings.
- O Verbalize the reason for laboratory tests, if indicated.

POINTS TO COVER	TEACHING SUGGESTIONS
O Inform client about the reason for the examination.	O Attitudes to be Conveyed:
O Describe the examination procedure.	*Be sensitive to the client's anxieties.*
o Physical examination	*Be patient.*
o Pelvic examination	*Be warm, be pleasant, and encourage questions.*
o Special laboratory test	*Support and reassure the clients.*
O Give client diagnosis or tentative diagnosis.	O Materials and Resources:
O Explain to client the reason for laboratory test, if any are indicated.	*Handouts describing the examination*
O Explain why referral or revisit is indicated as appropriate.	*Speculum for the client to see, if appropriate*
O Questions That You Should Be Prepared to Answer:	*Have a few cotton swabs, culture plates, glass slides, etc., for clients to see while explaining lab specimens collected during the pelvic exam.*
"Do you have to use that thing. . .?" (referring to the speculum)	

POINTS TO COVER	TEACHING SUGGESTIONS
"Will I have to change methods?"	O Education Method:
O Your Agency's Answers:	*Individual instructions*
	Encourage questions
	O Special Considerations:
	Refer to initial visit, also;
	Clients may need support and reassurance, especially the very young teen client.
	Medical condition of the client should be explained in simple lay terms.
	Assess the client's understanding of medical condition and re-explain if indicated.



MEDICAL PROBLEM VISIT

LABORATORY PROCESS

TITLE X GUIDELINES: Every effort should be made to assure that any laboratory tests performed either by or for the clinic are of the highest quality. For those clients whose initial laboratory examinations reveal abnormalities of a significant nature, there must be specific follow-up with arrangements for receiving feedback regarding outcomes.

STAFFING: The health workers performing the laboratory procedure should be adequately trained for their tasks and be knowledgeable about the procedures being performed. Clients should be provided information and instructions on specific laboratory procedures before the procedures are performed.

LEARNING OBJECTIVES: Upon completion of the laboratory process, the client should be able to:

- Name the laboratory test(s) performed.
- State where, when, and how laboratory results may be obtained.

POINTS TO COVER	TEACHING SUGGESTIONS
O Inform and educate clients about specific laboratory procedures to be performed. O Explain how laboratory results may be obtained o By mail o By telephone o In person O Explain how long the client will need to wait for results. o Same day o Other O Explain accuracy of lab tests. O Questions That You Should Be Prepared to Answer: "Will it hurt?"	O Attitudes to be Conveyed: *Be warm and pleasant and open to questions.* *Provide reassurance about the laboratory procedure to be performed.* *Show client understanding of the anxieties related to laboratory procedures.* O Materials and Resources: *Pamphlets, brochures, and handouts explaining lab procedures to be performed.*

POINTS TO COVER	TEACHING SUGGESTIONS
"Do I need another test if I had one before?" "When will I know the results?" "Will anyone else know?" O Your Agency's Answers:	O Educational Methods and Strategies: *Individual instructions* *Explain all lab procedures clearly in lay terms and in the client's primary language.* *Encourage questions, utilize demonstration to assist clients as needed.* O Special Considerations: *Individuals with visual impairments, physical disabilities, or developmental disabilities may need assistance in collecting the urine specimen, etc.* *Clients in wheelchairs will need a lavatory with rails and wider doors.* *Clients with hearing impairments should have the procedures explained by someone fluent in sign language.* *Reinforce confidentiality.* *Do not give lab results by phone unless confidentiality can be guaranteed.*

MEDICAL PROBLEM VISIT

EDUCATION PROCESS

(Commonly combined with Exit Interview)

TITLE X GUIDELINE: Patients should be provided with information about exam and laboratory findings.

STAFFING: This process is usually performed by a clinician, i.e. physician, nurse practitioner, women's health care specialist, physician assistant, etc. However, another health worker may be designated to provide information and education, i.e. nurse, health educator, etc.

LEARNING OBJECTIVES: By the end of the education process, each client will be able to:

- State what his/her problem is in simple lay terms.
- State what he/she is to do in the treatment of the problem.

POINTS TO COVER	TEACHING SUGGESTIONS
O Explain to client what the medical problem is. o Causes(s) o Signs and symptoms o Treatment o Prevention o Follow-up care, including referral, if indicated O Explain what responsibilities the client should assume in treatment of the medical problem. O Explain all follow-up procedures as necessary.	O Attitudes to be Conveyed: *Be patient and supportive.* *Be sensitive to the client's anxieties about any medical problem.* *Encourage questions.* O Materials and Resources: *Handouts explaining particular medical problem* *Referral list, if indicated* O Education Methods: *Clear and detailed individual instructions*

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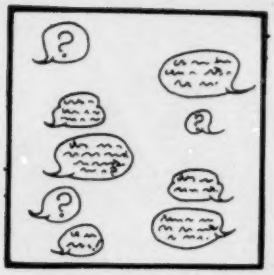

MEDICAL PROBLEM VISIT

EXIT INTERVIEW

TITLE X GUIDELINE: (Refer to guideline for other processes.)

STAFFING: The health worker facilitating this process may be the receptionist, health worker, nurse, health educator, medical assistant, counselor, social worker, etc., depending on the needs of the individual clinic.

LEARNING OBJECTIVES: At the exit interview, the client will be able to:

- State location, date and time of next appointment.
- State his/her responsibilities for treatment, i.e. how to take medication, how to use "new" method, if indicated.

POINTS TO COVER	TEACHING SUGGESTIONS
O Provide additional information and/or education on chosen method, if indicated.	O Attitudes to be Conveyed: *Encourage questions* *Be warm and patient* *Reinforce confidentiality*
O Explain to client the importance of keeping scheduled appointment and continuing follow-up care.	O Materials and Resources: *Refer to the initial visit, also;* *Written directions to the health source indicating bus routes or parking instruction, etc. whenever possible*
O Assess client's understanding of how and where to obtain emergency services; clarify as appropriate.	O Education Methods: *Individual instruction* *Reinforce any special instructions given to the client.* *Offer to answer questions.*
O Review any instructions given to client regarding the referral appointment: location, address, telephone number, estimated cost of services, procedures to follow, what to take along and estimated time for services.	
O Encourage client to bring a friend or spouse, etc., for assistance or support as needed.	
O Verify address, telephone number and hours at which client can be contacted, if necessary.	

POINTS TO COVER	TEACHING SUGGESTIONS
O Questions That You Should Be Prepared to Answer: "When do I come back?" "Where should I go if I have a problem and the clinic is closed?" O Your Agency's Answers:	O Special Considerations: *Refer to initial visit.* *Clients referred for medical problems such as abnormal Pap, and breast lumps may be very anxious. Do take time to be comforting, give as much information as possible, and encourage immediate follow-up care.* *Clients with repeated episodes of sexually transmitted diseases may need more extensive counseling.*

CLIENT EDUCATION MATERIALS: THE MEDICAL PROBLEM VISIT

Please refer to the listing of materials included at the end of the Initial Visit section.

LIST OTHER MATERIALS THAT YOU FIND USEFUL:

MEDICAL PROBLEM VISIT

AGENCY POLICIES, PROCEDURES AND PROTOCOLS

EDUCATION METHODS AND STRATEGIES

The information presented in this section of the Guidebook will assist health workers identify and select methods and materials that are appropriate to their own setting, resources, clients' learning needs and styles.

A discussion of learning theories might be appropriate for this section of the Guidebook, however, the priority is a discussion of the practical application of principles and concepts that are derived from a number of theories. The ancient Chinese philosopher, Confucius, summarized his thoughts on the teaching-learning process in a few words:

"I hear, and I forget
I see, and I remember
I do, and I understand"

Confucius' statement, though brief, implies that learning is an ongoing process which is grounded in experience. He directs us to do more than talk or tell if we expect learning to occur.

Every individual has an educational situation in which he/she learns best. The educator's challenge is to select or tailor the educational approach to the client's learning needs and style. While sophisticated techniques have been developed to determine or diagnose the learning style of individuals so that an appropriate prescription may be given, the resources and technology are generally not available to family planning programs. However, each educator in family planning can begin to determine the relevance of education methods and materials to his/her own clients.

Admittedly some errors will be made, but errors in judgment will decrease as educators purposefully assess what clients need to know, and what approaches or methods will facilitate learning. Does a client learn best by hearing information, seeing information in print and reading, viewing a film, or any combination of these approaches? How important is touch or tactile stimulation to learning? Does the client need concrete examples or are abstractions understood? Does the client need peer discussion or an authority figure? These are questions that each educator must seek to answer while planning and implementing education for family planning clients.

Each educator needs to assemble and become skillful in utilizing a variety of education methods. Feedback should be obtained from clients to determine the effectiveness of methods and materials. If a client does not understand, then it is necessary to determine why, and how to enhance understanding. Oftentimes the answers will come from the clients; so it is important to build in an effective feedback process.

A key strategy in family planning education is reinforcement. When information is presented in several different ways, then one presentation can reinforce another one if they are carefully planned. Using a combination of teaching methods is important, since individuals vary in their ways and speeds of learning. For example, a client may have only a vague idea of what a diaphragm looks like and how it is used when this information is presented using the lecture method. The clients' understanding is enhanced when he/she is shown a diaphragm, and he/she feels more confident of the knowledge when encouraged to feel, manipulate, and insert the diaphragm into a plastic model, but the client practicing insertion techniques on herself provides the most profound learning experience. Thus, a lecture can be reinforced by a demonstration, and both are reinforced by practice.

The characteristics of an educator or facilitator should also be considered when selecting a particular method of client education. For example, some individuals may become bored and tune out a visual slide presentation narrated by an educator who speaks in a dry, unenthusiastic monotone style. The same individuals may become involved and stimulated by a well-prepared, skillfully delivered lecture. Well-placed sensitive humor adds "spice" to a lecture.

The convenience, efficiency and effectiveness of each method should be considered before beginning an education program. A detailed discussion of criteria for selecting various methods is presented in: A Guidebook For Family Planning Education, DHHS Publication No. (HSA) 78-5613.

In order to use this Guidebook effectively, it is important to review the information on education methods presented on the following pages, practice each method, and determine which methods are appropriate for use in your clinic. Take into consideration the characteristics of the client population, available resources, and the educator's personal attributes and skills.

LECTURE

Definition:

The lecture is a formal talk on a specific subject. It is a method of "telling." The lecture is primarily a one-way communication, and is very useful for large groups.

Utilization:

The lecture is useful for:

- Presenting facts and information to a group of persons with similar learning needs and background, i.e., literacy, language, knowledge.
- Introducing basic information to a group or providing an overview of a topic.
- Elaborating on a subject.
- Explaining a process.
- Bridging gaps between topics to be studied in depth.
- Explaining difficult points.
- Summarizing.
- Reinforcing the written word with an oral presentation.
- Providing a change of pace from other methods.

Procedures:

- Outline the subject matter. Review the outline for content, organization and logical sequence.
- Present the prepared lecture to colleagues for suggestions and criticism.
- Develop effective speech habits.
- Use language the audience can understand and follow with interest.
- Tell the learners what is expected of them.
- Avoid reading the lecture word-for-word.
- Relate the lecture to problems or concerns that are familiar to the learners.
- Emphasize important points using a chalkboard, newsprint, overhead projector or other forms of visual stimulation.

- Return several times to key points for emphasis.
- Tune in to non-verbal behavior of participants and adjust the presentation as appropriate; respect participants right not to participate verbally.
- Present the conclusion as soon as the audience is able to follow to avoid boredom.
- Be certain that ideas supporting your conclusion are clear to the audience.
- Distribute instructional material to supplement the lecture.
- Direct instruction to individuals.
- Open the topic for questions and answers, either throughout or at the end depending on the circumstances and comfort level of the speaker.

Materials:

- A chalkboard or newsprint to list the main points of the talk, unfamiliar terms, diagrams and graphs.
- Pictures, posters, objects, models, specimens and flipcharts to illustrate the lecture.
- Stories, examples and comparisons to bring out specific points.
- Slides, tapes and films to clarify meanings.
- Literature for future reference.
- Chalk or markers, or felt-tip pens.

Advantages:

- Saves time, and is appropriate for large groups.
- Can cover much material.
- Can be fully prepared ahead of time.
- Provides information that maybe difficult for the listeners to obtain on their own.
- Presents material in an orderly, logical fashion so that it can be clearly understood by the listeners.

Disadvantages:

- Puts learners in the passive role of merely listening.

- Is often a waste of time if not supplemented by visual illustrations because, being passive, listeners learn little. (We generally remember only about ten percent of what we hear.)
- Does not guarantee that learners will understand the content.
- Can become boring to the audience unless well prepared and delivered.
- It is difficult to evaluate audience interests and needs while delivering a lecture.

Key considerations for family planning clients:

The lecture is one of the most popular methods of teaching in family planning clinics, since it attempts to make the most of staff and client time. Exclusive utilization of the lecture method by a clinic may pose some problems.

Some adult clients know exactly what information they want and resent listening to information in which they have little or no interest. The teenage listener who spends a significant amount of time in the classroom may be tired of "listening to the teacher."

Family planning clients may have personal questions regarding contraception that they are reluctant to discuss in a lecture situation.

To minimize some of these problems the educator may:

- Explain at the beginning of the session that personal questions may be discussed in a one-to-one situation.
- Punctuate the lecture periodically with, "Are there any questions about this method, point or topic?" This breaks the monotony of the lecture and allows for an interchange between lecturer and listeners.
- Pass around a sample of each method as it is discussed.
- Reorganize the lecture guidelines if it is obvious that they are not meeting the needs and desires of the audience.

GROUP DISCUSSION

Definition:

Discussion is a group activity in which the facilitator and the group members cooperatively talk over some problem or topic. It is a process of thinking aloud together. The group facilitator keeps the discussion on topic and assures that all persons have the opportunity to discuss.

Utilization:

Group discussion is useful for:

- Home teaching, classroom settings, staff meetings, and other small group arrangements.
- Working over concepts which have been presented to the group, in order to clarify them.
- Analyzing problems of common concern to the group.
- Motivating participants and enabling them to clarify what they are learning.
- Enhancing learning, because ideas that are discussed are retained longer than those not expressed and explored.
- Improving the speaking and listening skills of the participants.
- Sharing of positive experiences by the participants and then providing support for decisions.
- Exploring possible options and alternatives.

Procedure:

The major responsibilities of the group discussion facilitator are to:

- Introduce participants.
- Explain the facilitator's role.
- Identify the objectives of the discussion. Discussion goals must be clearly defined and understood by participants. A circular seating arrangement will increase interest and participation.
- Start the discussion by:

  Introducing challenging topics.

  Having participants view motion pictures, examine bulletin board displays, or objects related to the topic prior to the discussion

  Having participants listen to a tape recording or record related to the topic prior to the discussion

- Keep the discussion on the topic. The facilitator may ask a recorder to summarize for the group.

- Recognize and involve all individuals within the group, if possible. Stimulate thinking by asking questions. Encourage each person to do his/her own thinking.

- Respect participants rights to determine his/her own level of participation.

- Devote time to periodic summaries.

  Facilitator should take time to ask questions such as: "Where are we?" "What have we been doing?" "Do we have an answer?"

  Encourage the participants to evaluate the progress of their discussion.

  Dividing the group into triads, or dyads may facilitate summarization.

Materials:

- Space, chairs or cushions.

- Illustrations when appropriate.

- Audiovisual materials when appropriate.

Advantages:

- Allows everyone who wishes to participate, to do so.

- Provides for the informal expression of personal experiences and information not included in formal written materials or lectures.

- Permits both "leader" and "member" leadership.

- Allows for thinking aloud together to revise individual errors in judgment.

- Produces a finished product which represents the thinking of many individuals whose ideas have been carefully explored and considered.

- Encourages participants to take sides, defend their points of view, and evaluate prior perceptions.

- Helps the learner to become an active participant in the learning process.

- Involves creative thinking.

- Helps to develop respect for the points of view of other persons.

Disadvantages:

- Is not as effective with large groups as with small, because many clients may not have a chance to participate actively.
- A few talkative members may monopolize the time unless the facilitator encourages maximum participation by all group members.
- Has to be on a topic or issue that is common to the participants to guard against boredom, and/or isolation of group members.
- Is time-consuming.
- Makes it difficult for the leader to determine on the spot how much, or what participants have learned.
- May get off the track without good leadership.
- Difficult to insure that objectives and content related to participants' knowledge and perceptions will be addressed.

Key considerations for family planning clients:

The group discussion provides the family planning client with the opportunity to share information, opinion, and experience with other clients and health educators.

The facilitator of a group discussion must be aware of his or her role in a productive group session. The objective or goal of the group should be stated at the beginning of the discussion. If the discussion wanders from its objective, the facilitator should clarify what the group wants to accomplish. The group's objectives may differ from the educator's.

If a few individuals monopolize the discussion, the facilitator should attempt to involve other participants. The needs and interests of the group should be examined and expressed if the discussion bogs down or the participants become disinterested.

Some distinct advantages to the family planning agency in utilizing group discussion include:

- It provides an informal setting for clients to discuss concerns about contraception, sexuality and sexual health.
- Exploration and consideration of topics which might only be briefly covered in a lecture is encouraged. For example, a short description of reproductive anatomy during a lecture might not give a client (especially a teenager) a clear understanding of sex and sexuality, the menstrual cycle, etc.

- It promotes group consideration of misinformation regarding contraception and human sexuality. Group discussion is a good forum to separate scientific fact from exaggerated myth.

DEMONSTRATION

Definition:

A demonstration is a presentation of one or more techniques, and/or skills. One person often assisted by others goes through showing, doing, illustrating how to do something or how something is done. Demonstration is one of the most effective methods for teaching skills such as: diaphragm insertion and removal, proper use of a condom, proper use of spermicides, checking IUD strings, temperature taking and reading of a thermometer, etc.

Utilization:

Demonstration is useful for:

- Assisting learners in moving from having information about a technique or skill to doing or performing the skill. .
- Providing immediate reinforcement and feedback, when participants are encouraged to repeat the demonstration.
- Actively involving all group members, depending on their needs.

Procedure:

- Examine the objective of the lesson or discussion before giving the demonstration.
- Practice the demonstration. Never give one without a previous trial run. This provides the educator with an opportunity to practice and check the equipment and supplies for flaws.
- Make sure that all needed equipment and materials are on hand before starting the demonstration.
- The seating arrangement should allow everyone to see and hear.
- Explain the purpose and tell the participants, in advance, what to look for.
- Keep the directions simple; vary the tempo to suit the group.
- Check periodically during the demonstration to insure that each step is being followed.
- Break the procedure down into logical steps to allow participants to complete the return demonstration in a step-by-step process.

- Whenever possible, involve all learners in the actual "doing" of the demonstration.
- Use vocabulary understood by all.
- Do not prolong the demonstration. It usually should not exceed twenty-five minutes.
- Summarize and briefly review with the group the key points of the demonstration after it has been concluded.

Materials:

- Diaphragms, condoms, spermicides, thermometers, models, etc.
- Chalkboard, newsprint, tapes, slides, filmstrips, pictures, posters, graphs, maps, charts, and other aids may be used as the demonstration requires.
- Chalk, or markers, or felt tip pens.

Advantages:

- Is basically concrete instead of abstract.
- Creates an extremely vivid impact because showing often involves the learner's first-hand contact with what is referred to in a concept.
- Can clarify points during a lesson.
- Can heighten interest and increase learning.
- Is good experience for the demonstrators.
- Is useful because showing and telling stimulate more than one sense.
- Provides a break from the repetition of lectures.

Disadvantages:

- Requires careful planning and rehearsal and can be costly and time consuming.
- Requires assembling of equipment, supplies, and materials and sometimes involves getting extra help.
- Limits the size of the group; if it is too large, participants may not be able to see, hear, and practice.
- The attention of the participants varies in proportion to how meaningful the demonstration is.

Key considerations for family planning clients:

A good demonstration can explain a complex idea and show how a difficult task can be performed by breaking it down into simple steps. Oral descriptions of a complex task without practical demonstration can be confusing and unclear to many clients. Through a demonstration, they can "see" how a task is performed.

When demonstrating a particular contraceptive method, the demonstrator should pass the device around. This provides for group participation and allows clients to "feel" a diaphragm or an IUD, "smell" spermicide, etc. Ideally each client should have the opportunity to repeat the demonstration.

When the procedure demonstrated is on slides, tape or film:

the educator should reinforce and clarify concepts as they are shown or heard; and

the audiovisual presentation should be stopped, as appropriate, to allow clients time to practice each step before proceeding to a subsequent step.

BUZZ SESSION

Definition:

A buzz session or group is a short-term technique in which a large group is divided into sub-groups of three to six persons to consider a specific, limited problem or question for three to eight minutes. The smallness of the sub-group enables each member to participate; the shortness of the time requires each sub-group to work hard and on target. A buzz session differs from a group discussion because buzzing is limited to one aspect of a problem or topic. Time is limited and therefore in-depth exploration is not possible.

Utilization:

The buzz session is useful for:

- Warming up a large group for general discussion.
- Overcoming feelings of helplessness or apathy and directing a group toward action (e.g., building fund, outreach project, etc.).
- Obtaining a cross section of ideas, opinions, suggestions, and decisions in a minimum of time with maximum participation.
- Giving everyone a chance to contribute.
- Taking assessment of the needs for additional data, materials and suggestions.

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- Setting up an agenda for a meaningful learning experience in the total group.
- Testing a set of ideas and increasing communication among participants.

Procedures:

- Give a survey presentation of the problem to the large group.
- Divide the group into sub-groups of three to six persons.
- Specify and limit the problem for buzz group discussion. Write the problem or question in large letters on a chalkboard or newsprint for everyone to see and to understand clearly. Every buzz group may work on the same problem, or each group may be given a different facet of the problem.
- Quickly ask for a chairperson and recorder to volunteer for each buzz group.
- Circulate among the groups to keep them on target.
- Ask each buzz group to prepare a concise written or oral report of its recommendations, decisions, or whatever action was desired.
- Reconvene for sub-group reports. If every group had the same problem, call for one item from each group in turn so that the first group does not give all the points.
- The facilitator summarizes the findings.

Materials:

- Paper and felt tip markers, or a chalkboard and chalk are needed to list ideas. Acetate sheets and fine tip colored markers are needed when reports are to be projected on a screen with the overhead projector.

Advantages:

- Involves individuals who may not participate in a larger group.
- The small size of buzz groups encourages everyone to participate actively. A variety of ideas and opinions are usually generated in a short time.
- Small groups with limited time work fast because members know that they have no time to waste and will need to develop a group report.

- It is easier and faster to obtain better choices and agreements from six groups of five persons each, than from a group of thirty individuals.
- Each sub-group must take responsibility for its own work and for its expressions.
- Group pride can be stimulated and morale is often boosted individually, within sub-groups, and consequently, within the larger group.
- Less time is required to obtain agreement or a solution in the reconvened larger group.
- Little equipment is needed beyond paper, pens or chalk and chalkboard.

Disadvantages:

- If the director fails to choose the right moment to initiate buzzing, the sub-groups might find little purpose or interest in buzzing.
- If the problem for buzzing is not clearly defined, understood, and limited; the sub-group members might become frustrated and non-productive.
- If a time limit is not provided, participants may not be motivated to manage the discussion within a reasonable time.

Key considerations for family planning clients:

"Buzzing" can be one of the most stimulating learning experiences for the family planning client. The buzz group requires team effort, participation and concentration on one goal. The time limit stimulates thinking and lends some excitement.

Buzz groups could be used in conjunction with a lecture to reinforce key points. For example, after a lecture, the clients can be separated into buzz groups. Each group can be assigned the task of reporting on the advantages and disadvantages of a particular birth control method. Buzzing can be used to spark expanded group discussion or to solve problems that the group as a whole cannot resolve.

A complicated controversial question such as: "Who should provide sex education for children?" can begin to be explored utilizing buzz groups. In-depth exploration may then be left for the larger group with its facilitator.

BRAINSTORMING

Definition:

Brainstorming is a group attempt to solve a well-defined problem by offering any solution which comes to mind, no matter how extreme. This technique attempts to generate many ideas quickly using the free association of ideas while suspending all criticisms. It is using the brain to storm a problem. The solutions generated can be carefully evaluated at a later time.

Utilization:

Brainstorming is useful for:

- Having clients identify common concerns about a method or methods.
- Assessing client satisfaction.
- Helping to solve specific problems.
- Helping people channel and direct their thinking.
- Paving the way to a solution when a group bogs down in a problem.
- Providing several persons with opportunity to explore a solution.
- Suggesting many varied applications of an idea.

Procedure:

- Select a problem and state it clearly and specifically.
- Choose a recorder who will list all ideas on the chalkboard or newsprint.
- Do not use it as a substitute for other methods; use brainstorming in conjunction with other education methods.
- Ask participants to suspend all critical judgments, negative comments, and evaluation.
- Keep the setting informal and relaxed.
- Encourage free flow of ideas no matter how far out or free wheeling.
- Encourage building on to previously expressed ideas.
- Make suggestions only to keep thinking active by opening new lines of thought.
- Close the session after 15 to 20 minutes.

- Restate the problem and move into the sorting out and refining period.
- Similar problems, concerns, ideas or suggestions can be categorized so that a plan can be developed to resolve the cohorts of problems.
- Narrow the ideas to one final solution.
- Summarize.
- When used in staff development, get feedback from each participant the following day for afterthoughts which often can be of higher quality than the original ones.

Materials:

- Chalkboards or newsprint sheets are helpful for listing ideas.

Advantages:

- Everybody who wishes to, can participate.
- With the ground rule that no idea may be criticized, many bright ideas can appear quickly.
- One idea can spark off other ideas in rapid succession.
- Brainstorming often frees the individual to be more creative and productive than he/she usually is.
- A spirit of fun and congeniality can bring the members close together.

Disadvantages:

- Is difficult in a large group. Groups of from eight to fifteen are recommended.
- Should not be used as the only method when teaching factual information.

Key considerations for family planning clients:

Brainstorming should operate on the principle that any idea deserves consideration. Since criticism is suspended during the brainstorming session, clients who might otherwise remain silent, are able to express themselves freely.

Situations where brainstorming would be valuable to the family planning agency include:

- o Exploring the responsibilities associated with sexual behavior with a teen group.
- o Examining the concerns of an adult group considering male or female sterilization.
- o Formulating goals for a community outreach program with agency staff.

QUESTION-ANSWER

Definition:

The question-answer technique is a method wherein the instructor asks questions and the group members reply. Questions may be geared to: stimulate the retention or remembering of information presented in lectures, discussions, etc.; or to stimulate thinking about concepts, issues, ideas, meanings, and activities of significance, not covered in lectures, discussions, demonstration, etc.

Utilization:

The question-answer method is useful for:

- o Arousing interest in a variety of educational sessions and settings.
- o Stimulating and sparking discussions, arousing interest, probing into attitudes, opinions and definitions, and stimulating deeper thinking.
- o Providing a springboard for further assignments, particularly beyond what is present in text books or client literature.
- o Connecting fragments of information into meaningful wholes. A sequence of questions should lead progressively from general to specific understandings.
- o Enhancing lecture presentation.
- o Evaluating and assessing the knowledge level of participants.

Procedures:

- o Use thought-provoking questions frequently.
- o Use related questions that become progressively more difficult to help participants explore concepts in depth.

- If a question should be answered in a certain way (definition, comparison, classification, evaluation, etc.), indicate this clearly.
- Ask questions that are within the range of the experience and knowledge of the participants.
- As a general rule, reinforce some portion of a respondent's answer, if only to encourage him/her and to maintain interest. Very few responses are all wrong except when yes/no questions are asked. Avoid yes/no questions.
- Include as many members as possible in the questioning. Direct questions to the entire group.
- It is often better to ask the question and then to call on the individual.
- Questions may be presented orally, written on the chalkboard or charts, given on typed slips or sheets, flashed on a screen with the opaque or overhead projector, or taped and presented on audiotapes.
- An essential part of the question-answer technique involves encouraging members to ask questions; give praise for well-constructed questions.
- Do not bluff when unsure of an answer. Say "I don't know" and then find the answer.

Materials:

- Chalkboard, charts, slides, tapes, typed sheets, questions on transparencies, overhead projector, etc.

Advantages:

- Is a convenient device to review information and determine client understanding of content previously discussed.
- Is useful in evaluating learning outcomes.
- Provides participants with practice in oral expression in a group.
- Contributes substantially to improve learning by stimulating reasoning, evaluating, and generalizing when questions are carefully selected and phrased.
- Actively involves participants.

Disadvantages:

- Should not be used as the sole education method.
- Questioning is not profitable when the learners do not have a background that will enable them to react intelligently.
- Ambiguous words or unclear questions can block effective communication.
- The quality of questioning is limited by the facilitator's knowledge of content, quality of thinking, and his/her skill in phrasing questions.
- The facilitator might use questions to substitute for his/her lack of preparation for the education session.
- The facilitator's lack of tact might embarrass a person and cause him/her to withdraw from further participation or involvement.

Key considerations for family planning clients:

The reinforcement of important concepts is the major objective of the question-answer technique in family planning education. The facilitator must use caution and respect clients' right not to participate.

The skill and sensitivity of the instructor in asking questions and responding to the answers is vital to the success of this method. The client should be involved in an exchange of information with the instructor.

The question-answer method can be used in:

- Evaluating the effectiveness of a lecture, group discussion or demonstration.
- Identifying concepts that need further discussion.
- Encouraging clients to employ newly acquired knowledge.
- Clarifying misconceptions.

SIMULATIONS AND GAMES*

Definition:

Simulations and games are teaching methods that create situations that simulate (mimic) the problems, conflicts, and/or dynamics of aspects of human living. Sequences of events that simulate the "real world" and elicit behavior (responses) are constructed. Sequences of events that realistically might occur in days, months, or years are compacted into a time period that is practical from an educational point of view.

*The terms "Game" and "Simulation" are often used interchangeably. A simulation creates a living case study; a game may not. In a pure game, there usually is a winner; this is not necessarily true for all simulations.

Utilization:

Simulations and games have a wide variety of uses. Many of the games that we have played in childhood are simulations of real-life situations. For example, Monopoly simulates the world of high finance and the sale and purchase of real estate. Many adult games are also simulations. Chess simulates the strategy of war, while contract bridge simulates competitive bidding on contracts.

Simulations and games are useful as teaching methods because:

- The participants sharpen their skills of analysis and making judgments, and experience the immediate consequences of their own action in a relatively non-threatening situation.
- The participants gain insight into their own behavior as they interact with others.
- The participants practice and refine interpersonal skills.
- The participants immediately apply knowledge and skills as they are learned in the simulated situation.

Procedure:

The major responsibilities of the facilitator are to:

- Explain the rules of the simulation.
- Get the simulation started by asking for volunteers to play the roles, status, etc.
- Terminate the simulation at a time when analysis and evaluation would provide additional learning for the participants.

Materials:

- The materials that are needed depend primarily on the particular simulation or game.

Advantages:

- Allows learners to experiment in a situation that is usually less threatening than a real-life situation.
- Condenses real-life situations to dimensions that are manageable in a classroom setting.
- The learners get immediate feedback relative to the application of knowledge and skill.

- Allows for the acting out of alternatives and observation of possible consequences.
- Involves creative thinking.
- Stimulates the development of problem-solving skills.
- The learner actively participates in the learning process.

Disadvantages:

- May be threatening to certain individuals.
- Difficult to manage with large groups.
- Not useful as a sole method for teaching facts. The performance of clients in a simulated situation should not be evaluated.
- Time consuming and costly to plan and implement.
- May get off the track without good leadership.

Key considerations for family planning clients:

The objective of using simulations and games is to show the client how to apply his/her new knowledge to life.

Simulations and games present ideas in a simplified but dramatic form. For example, adolescent clients could be asked to simulate the situation of an older sister discussing the importance of contraception with a younger sister.

Simulations and games can be used in:

- Showing the practical relevance of information or materials to particular life situations.
- Demonstrating that intuitive ability can be combined with acquired knowledge to solve problems.
- Clarifying and assessing client needs.
- Demonstrating how complex decisions are made.

ROLE PLAYING

Definition:

Role-playing is an unrehearsed, informal dramatization in which individuals spontaneously act out human relation problems to become aware of the

feelings of someone else; see a situation through other person's eyes; or experience how they would act or react in a given situation.

Utilization:

Role playing is useful for:

- o Training in leadership and human relations skill.
- o Training in solving group problems.
- o Making the feelings of characters in a story or situation more real to the group.
- o Deciding how to handle a difficult situation, and practicing action to solve a problem.
- o Teaching some content (feeling tones) more effectively.
- o Giving individuals a chance to say in a role, what they actually feel rather than what they think you want to hear. Thus, they can explore their own feelings and gain insight.
- o Exploring attitudes regarding different groups; these groups might be ethnic, age-different, or from divergent socioeconomic levels.

Procedure:

- o Develop effective role play situations
- o Describe the situation to be role played. "Warm up" the group.
- o Ask for volunteers. Ask each volunteer to put himself/herself into the frame of mind of the person he/she is representing. Emphasize that he/she is playing a role, not himself/herself, and encourage "role players" to "stay in role."
- o Assign definite tasks to the audience. Ask some individuals to put themselves into the shoes of specific role players; ask others to watch for certain events or behaviors. Attempt to determine whether the role playing is realistic.
- o Set the stage and start the action. Stop it as soon as the problem, concepts, feelings are demonstrated.
- o Discuss what took place in an effort to assist participants identify those values, feelings, and the conditions which caused them to feel or act as they did.
- o Evaluate and summarize the points learned.

- The role-playing situation may be repeated with the same players reversing their roles, or repeated with new players.

Advantages:

- Gives participants a chance to examine and experiment with roles in situations where actual problems can be worked on. Some mistakes will be made.
- Enables a person to gain awareness and appreciation of the thoughts, attitudes, and perspectives of someone else, and thus, better understand the other person's point of view.
- Allows participants and observers to put themselves into other individuals' shoes in order to experiment with new ways of behaving, and to learn by doing.
- Allows situations to be devised to fit the needs and interests of the group.

Disadvantages:

- Unless the participants are sensitive and openminded enough to try behaviors, role-playing may be superficial and fail to produce the desired results.
- Players often tend to "ham up" their parts and make the role play mere entertainment, therefore it is extremely important to develop good, well thought-out role play situations.
- The facilitator must do careful planning to keep the role-playing at the level of understanding and maturity of the group.
- It can backfire if suddenly thrust upon the uninitiated.
- It can be time consuming, depending on the situation enacted.

Key considerations for family planning clients:

The family planning agency often provides information and education relating to social issues such as unplanned pregnancy, venereal disease and human sexuality. Role-playing can expand the client's perspective by placing him/her in the role of an individual facing such issues on a personal level.

A few situations where role playing can be effective include:

- Exploring communication dynamics.
- Exploring teenage sexuality.

- Examining the alternatives available to a woman with an unplanned pregnancy.
- Focusing on the feelings associated with the discovery of a venereal disease in oneself.
- Arriving at a deeper understanding of male/female attitudinal differences and similarities.
- Attempting to deal with a recently diagnosed breast abnormality.

EDUCATION/RAP SESSION

Definition:

A "rap" session is an informal but pre-planned exploration and discussion of a topic. All participants are encouraged to verbalize their ideas in order to receive feedback from other group members and the facilitator. The facilitator discourages criticism of ideas/thoughts verbalized, encouraging free associations and disclosure. Factual information is presented during the rap session, then the focus centers on a discussion of what the factual information means to group participants.

Utilization:

The "rap" session is useful for:

- Combining the presentation of facts with group discussion to explore attitudes and values related to the topic.
- Stimulating discussion of issues.
- Allowing participants to discover that their concerns/questions are shared by other individuals.

Procedure:

- Set a time, guidelines, and procedure for the "rap."
- Outline the subject matter, then review the outline for completeness.
- Present the outline to a sample of the target population. For example, when developing a rap session for teenagers, ask groups of teenagers to give input.
- Select a place where the facilitator and group can have privacy.
- Develop skill in facilitating groups.
- Tell participants what is expected of them.

- Utilize visual aids to supplement the verbal presentation of facts.
- Respect the rights of the "nonverbal" participant.
- Elicit discussion from participants. Ask open-ended questions - What have you heard about . . .; How do you think you might feel if . . .; What are things you like about . . .; What are things you dislike about . . ..
- Provide positive reinforcement for group members' comments and questions. Encourage verbalization by nodding, or saying, for example: "I am glad you brought up that point/question."
- Summarize the discussion periodically.
- Tune in to the nonverbal behavior of participants; are all group members involved in some way?
- Before closing, ask participants to identify what they learned from the discussion - facts, feelings, etc.

Materials:

- Chalkboard, flipchart, models, visuals, etc., depending on the topic of the session. Circular seating arrangement - avoid having chairs in rows as if in a "classroom" setting.

Advantages:

- Puts the learner in an active role.
- Allows individual concerns to be addressed by the group without necessarily revealing who has the concern.
- Places responsibility for learning on the client.
- Most appropriate for use with a group of individuals who have some common bond with respect to age, problems, concerns, experiences, goals, etc.
- Allows the educator to get direct feedback on clients' understanding and/or concerns.

Disadvantages:

- Presentation of facts must be limited to allow participants time to explore the topic and related issues and feelings.
- This technique is not effective with large groups.

- o A few talkative participants may monopolize the time unless the facilitator encourages maximum participation of all members.
- o Space and privacy may be difficult to arrange.

Key considerations for family planning clients:

Allowing client to "discover" their feelings about reproduction and birth control methods is a major objective of the "rap" session in family planning.

The educator should be skilled in facilitating open discussion of issues and have the ability to manipulate the environment to stimulate learning of facts.

The "rap" session is especially useful in:

- o Providing teenage clients with the opportunity to discuss sex, sexuality, birth control, etc., with a group of peers.*
- o Providing a forum for the discussion of the issues of adolescent pregnancy.
- o Encouraging clients to accept responsibility for their lives. The responsibility for learning is placed directly on the participants.
- o Encouraging clients to verbalize newly acquired knowledge.

*Although the "rap" session is used frequently with teenage clients, it is also a useful technique with other groups, for example, post-sterilization groups; menopausal women; clients utilizing natural methods, etc.

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